

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064924

FILED  
Aug 26, 2007  
Secretary of State

Entity Name: PARTNERS IN WELLNESS, LLC

**Current Principal Place of Business:**

231-B COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1823 N.E. 15TH AVE.  
FORT LAUDERDALE, FL 33305 US

**New Mailing Address:**

2607 NE 8TH AVE  
#50  
WILTON MANORS, FL 33334 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEBB, DAVID G  
1823 N.E. 15TH AVE.  
FORT LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

WEBB, DAVID G  
2607 NE 8TH AVE.  
#50  
WILTON MANORS, FL 33334 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID G WEBB

08/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEBB, DAVID G  
Address: 1823 N.E. 15TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33305 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WEBB, DAVID G  
Address: 2607 NE 8TH AVE., #50  
City-St-Zip: WILTON MANORS, FL 33334 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID G WEBB

MGR

08/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date