

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068596

Entity Name: BERNSTEIN MCCONNELL, LLC

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

C/O GRAY ROBINSON//ATN: T.A. KISHBAUGH
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

Current Mailing Address:

C/O GRAY ROBINSON//ATN: T.A. KISHBAUGH
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

New Principal Place of Business:

C/O DR. BERNSTEIN HEALTH & DIET CLINICS
21 KERN ROAD
TORONTO, ONTARIO, CA M3B 1S9, CA 00000 CA

New Mailing Address:

C/O DR. BERNSTEIN HEALTH & DIET CLINICS
21 KERN ROAD
TORONTO, ONTARIO, CA M3B 1S9, CA 00000 CA

FEI Number: 20-2176745 FEI Number Applied For () FEI Number Not Applicable () 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:

KISHBAUGH, TROY A
C/O GRAY ROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BERNSTEIN, STANLEY K DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ONTARIO, CA M3B 1S9, CA 00000 CA

Title: MGR () Change (X) Addition
Name: BERNSTEIN, MARK DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ONTARIO, CA M3B 1S9, CA 00000 CA

Title: MGR () Change (X) Addition
Name: MCCONNELL, JEREMY DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ONTARIO, CA M3B 1S9, CA 00000 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. STANLEY K. BERNSTEIN

MGR

05/09/2005

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