

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068596

FILED
Jan 21, 2008
Secretary of State

Entity Name: BERNSTEIN MCCONNELL, LLC

Current Principal Place of Business:

C/O DR.BERNSTEIN HEALTH & DIET CLINICS
21 KERN ROAD
TORONTO, ON M3B1S9 CA

New Principal Place of Business:

Current Mailing Address:

C/O DR.BERNSTEIN HEALTH & DIET CLINICS
21 KERN ROAD
TORONTO, ON M3B1S9 CA

New Mailing Address:

FEI Number: 20-2176745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DARIN, STEWART J
301 EAST PINE ST
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/MANAGERS:

Title: MGR () Delete
Name: BERNSTEIN, STANLEY K DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ON M3B1S9 CA

Title: MGR () Delete
Name: BERNSTEIN, MARK DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ON M3B1S9 CA

Title: MGR () Delete
Name: MCCONNELL, JEREMY DR.
Address: 15839 BERREA DRIVE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. STANLEY K. BERNSTEIN

MGR

01/21/2008

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