

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068596

FILED
Apr 28, 2011
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: BERNSTEIN, STANLEY K DR.
Address: 21 KERN ROAD
City-St-Zip: TORONTO, ON M3B1S9 CA

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

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

Title: TCFO
Name: REITAN, JAMES O
Address: 21 KERN RD
City-St-Zip: TORONTO, ON M3B 1S9 CA

Title: MRG
Name: BERNSTEIN, WARREN
Address: 21 KERN RD
City-St-Zip: TORONTO, ON M3B 1S9

I hereby 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: JAMES O. REITAN

TCFO

04/28/2011

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