


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90045 045 ****50.00

DOCUMENT # L04000081589		
1. Entity Name AFFINITY HEALTH AND WELLNESS LLC		

Principal Place of Business 7727 ASHLEY CIRCLE UNIVERSITY PARK, FL 34201 US	Mailing Address 7727 ASHLEY CIRCLE UNIVERSITY PARK, FL 34201 US
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2. Principal Place of Business 1000 ASTON GARDENS DR. Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State VENICE, FL	City & State
Zip 34292	Country SARASOTA



04062005 Chg-LLC CR2E083 (10/03)

5. Name and Address of Current Registered Agent W. R. KLEIN P.A. 1900 MAIN ST SUITE 310 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYONS, ROSANNA 7727 ASHLEY CIRCLE UNIVERSITY PARK, FL 34201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Rosanna Lyons</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<u>4/5/05</u> Date	Daytime Phone #
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