2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# L05000010857

Entity Name: CENTER FOR HEALTHY LIFESTYLES, LLC

Current Principal Place of Business:

18026 LINDAWOODS STREET
ODESSA, FL 335564713

New Principal Place of Business:

2245 OLD GUNN HIGHWAY
ODESSA, FL 33556

Current Mailing Address:

18026 LINDAWOODS STREET
ODESSA, FL 335564713

New Mailing Address:

FEI Number: 30-0295762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REECE, RUTH A
18026 LINDAWOODS STREET
ODESSA, FL 335564713 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: REECE, RUTH A
Address: 18026 LINDAWOODS STREET
City-St-Zip: ODESSA, FL 335564713

ADDITIONS/CHANGES:

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: RUTH A. REECE PRES 02/13/2008

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