

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013503

FILED
Jan 29, 2007
Secretary of State

Entity Name: HEALTHY HOMES FOR HEALTHY LIVING, L.L.C.

Current Principal Place of Business:

4157 SW OAKHAVEN LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4157 SW OAKHAVEN LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY FOURTH FL
STUART, FL 34994 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: BANKS, ROBERT P III
Address: 4157 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM () Delete
Name: BANKS, SUSAN B
Address: 4157 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

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 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: ROBERT P. BANKS, III

MGR

01/29/2007

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