

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000041585

FILED
Jun 05, 2006
Secretary of State

Entity Name: SANTE' NATURAL PRODUCTS, LLC

Current Principal Place of Business:

21963 US 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

21963 US 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-2809960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANCU, DAVID A ESQ.
2325 STANFORD COURT
NAPLES, FL 34112 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: WERNET, WILLIAM
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765

Title: MGRM () Delete
Name: DANCU, DAVID A ESQ.
Address: PO BOX 337
City-St-Zip: NAPLES, FL 34106

Title: MGRM (X) Delete
Name: TOLSON, JACQUELYN
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WERNET, WILLIAM
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM (X) Change () Addition
Name: TOLSON, JACQUELYN
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765 US

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: JACQUELYN TOLSON

MGRM

06/05/2006

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