

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047904

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PORTION HEALTH PRODUCTS, LLC

## Current Principal Place of Business:

3464 BABICHE STREET  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

213 9TH ST.  
A  
ST. AUGUSTINE, FL 32080 US

## Current Mailing Address:

3464 BABICHE STREET  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

213 9TH ST.  
A  
ST. AUGUSTINE, FL 32080 US

FEI Number: 20-2843916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUBERT, JAY  
3464 BABICHE STREET  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

JUBERT, JAY  
213 9TH ST.  
A  
ST. AUGUSTINE, FL 32080 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JUBERT, JAY  
Address: 3464 BABICHE STREET  
City-St-Zip: JACKSONVILLE, FL 32259 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JUBERT, JAY  
Address: 213 9TH ST. #A  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: JAY JUBERT

MGR

04/27/2006

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