

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062548

FILED
Mar 27, 2007
Secretary of State

Entity Name: LONGLIFE WELLNESS PARTNERS, LLC

Current Principal Place of Business:

3323 IMPERIAL LANE
LAKELAND, FL 33813

New Principal Place of Business:

3323 IMPERIAL LANE
LAKELAND, FL 33812

Current Mailing Address:

3323 IMPERIAL LANE
LAKELAND, FL 33813

New Mailing Address:

3323 IMPERIAL LANE
LAKELAND, FL 33812

FEI Number: 20-3090672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, DONNA J
3323 IMPERIAL LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

BRAIHLAND, CHARLES W
3323 IMPERIAL LANE
LAKELAND, FL 33812 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: CHARLES W. BRAIHLAND

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAIHLAND, CHARLES W
Address: 3323 IMPERIAL LANE
City-St-Zip: LAKELAND, FL 33813

Title: MGMR (X) Delete
Name: ORR, DONNA J
Address: 3323 IMPERIAL LANE
City-St-Zip: LAKELAND, FL 33813

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: CHARLES W. BRAIHLAND

MGMR

03/27/2007

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