## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

6. Name and Address of Current Registered Agent

## **DOCUMENT # L05000101307**

CHRISTIAN WELLNESS INSTITUTE, LLC



**FILED** Feb 07, 2007 08:00 A Secretary of State

Principal Place of Business 54 CAMELOT RIDGE DR.

JUDGE, SADIE M

54 CAMELOT RIDGE DR. BRANDON, FL 33511

I hereby certify that the information supplied indicated on this report is true and accurate art limited liability company or the receiver of just

SIGNATURE:

BRANDON, FL 33511 US

Mailing Address

54 CAMELOT RIDGE DR. BRANDON, FL 33511



01302007No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number **NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	anging its registered office or registered agent, or both, in the	he State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F. D	iling Foe is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		·
TITLE NAME	MGR JUDGE, ALLEN K		U00000626214
STREET ADDRESS CITY-ST-ZIP	54 CAMELOT RIDGE DR. BRANDON, FL 33511	i ·	U00000626214 02/15/07-80012-006 55.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0		

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the ustee empowered to execute this report as required by Chapter 608, Florida Statutes.