

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044753

**FILED**  
**Jan 13, 2008**  
**Secretary of State**

**Entity Name:** HEALTHY AGING ENTERPRISES, LLC

**Current Principal Place of Business:**

6468 KIRSTEN WAY  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6468 KIRSTEN WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 20-4785894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORGIE, ELAYNE  
801 VILLAGE BLVD #303  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

FORGIE, ELAYNE  
6468 KIRSTEN WAY  
LAKE WORTH, FL 33467 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: /S/ ELAYNE FORGIE

01/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORGIE, ELAYNE  
Address: 801 VILLAGE BLVD. #303  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FORGIE, ELAYNE  
Address: 6468 KIRSTEN WAY  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify 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: /S/ELAYNE FORGIE

MGR

01/13/2008

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