

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062652

FILED
Feb 10, 2007
Secretary of State

Entity Name: VITALITÉ LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1740 PALM COVE BLVD
303
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7736
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRONJE, BAREND J
1740 PALM COVE BLVD
303
DELRAY BEACH, FL 33445 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: CRONJE, BAREND J
Address: 1740 PALM COVE BLVD #303
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: KEMPER, KAREN L
Address: 1740 PALM COVE BLVD #303
City-St-Zip: DELRAY BEACH, FL 33445 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: BAREND J CRONJE

MGR

02/10/2007

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