


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90096 027 \*\*\*138.75

<b>DOCUMENT # L06000068009</b> 1. Entity Name <b>HEALTH BUILDERS INTERNATIONAL LLC</b>					
Principal Place of Business <b>1835 EAST WEST PARKWAY ORANGE PARK, FL 32003</b>			Mailing Address <b>1835 EAST WEST PARKWAY ORANGE PARK, FL 32003</b>		
2. Principal Place of Business - No P.O. Box # <b>6535 Pine Ave</b>		3. Mailing Address <b>6535 Pine Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Green Cove Springs, FL</b>		City & State <b>Green Cove Springs, FL</b>		4. FEI Number <b>20-4970224</b>	
Zip <b>32043</b>		Country <b>Clay</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DUVAL, STEPHEN J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROLAND, SHANNON E 1705 COUNTRY WALK DRIVE ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6535 Pine Ave Green Cove Springs, FL 32043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROLAND, DAWN 1705 COUNTRY WALK DRIVE ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6535 Pine Ave Green Cove Springs, FL 32043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> <u><i>Dawn Roland</i></u>			<b>4-18-08 (904) 284-9741</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		