

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 08, 2007
Secretary of State**

DOCUMENT# L06000076866

Entity Name: NUTRITION ZONE CAFE LLC

Current Principal Place of Business:

405 NORTH OCEAN BLVD
507
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

405 NORTH OCEAN BLVD
507
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-5314587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARADY, JEFF
405 NORTH OCEAN BLVD
507
POMPANO BCH, FL 33062 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: PARADY, JEFF P OWNER
Address: 405 NORTH OCEAN BLVD
City-St-Zip: POMPANO BCH, FL 33062

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: JEFF PARADY

MR

04/08/2007

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