

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 18, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

**ADDITIONS/CHANGES:**

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

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: JEFF PARADY

MR

07/18/2008

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