FILED
May 31, 2007 8:00 am
Secretary of State
04-25-2007 90044 033 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081986

1. Entity Name
THE BEST YOU LLC

Principal Place of Business	Mailing Address
1060 S. FEDERAL HWY. 100 DELRAY BEACH, FL 33483	1060 S. FEDERAL HWY. 100 DELRAY BEACH, FL 33483
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5409148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CHRISTINE M
1060 S. FEDERAL HWY.
100
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________ 4/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	KING, CHRISTINE M	
STREET ADDRESS	1060 S. FEDERAL HWY., STE. 100	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGRM	☐ Delete
NAME	AMADOR, ANDREA	
STREET ADDRESS	P.O. BOX 578	
CITY-ST-ZIP	NANUET, NY 10954	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE ______________________ 4/22/07 561 736 3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #