

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094099

Entity Name: NUTRITION HEALTH LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

1801 N.E. 28TH DRIVE
FORT LAUDERDALE, FL 33306 US

New Principal Place of Business:

1040 SEMINOLE DRIVE
SUITE 1558
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

1801 N.E. 28TH DRIVE
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

1040 SEMINOLE DRIVE
SUITE 1558
FORT LAUDERDALE, FL 33306 US

FEI Number: 41-2217186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BILAS, JOHN R
1040 SEMINOLE DRIVE
SUITE 1558
FORT LAUDERDALE, FL 33304 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: MGRM () Delete
Name: FAN, LI
Address: 1801 N.E. 28TH DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33306 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAN, LI
Address: 1040 SEMINOLE DRIVE SUITE 1558
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: () Delete

Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition

Name: BILAS, JOHN R
Address: 1040 SEMINOLE DRIVE SUITE 1558
City-St-Zip: FORT LAUDERDALE, FL 33304

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: JOHN R BILAS

MGRM

03/22/2007

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