


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90205 019 \*\*\*\*55.00

DOCUMENT # L06000115512	
1. Entity Name HEALTHY JINGLES PUBLICATIONS LLC	

Principal Place of Business 1358 RICHMOND ROAD WINTER PARK FL 32789	Mailing Address PO BOX 3270 WINTER PARK FL 32790
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2. Principal Place of Business - No P.O. Box # 1358 Richmond Road	3. Mailing Address PO Box 3270
Suite, Apt. #, etc. Studio 1	Suite, Apt. #, etc. Studio 1
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Country USA

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent QUARSTEIN, VERNON A PH D 1358 RICHMOND ROAD WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Priscilla Ann Hill Street Address (P.O. Box Number is Not Acceptable) 1358 Richmond Rd. Studio #1 City Winter Park FL Zip Code 32789
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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 *Vernon A Quarstein* *Priscilla Ann Hill* 3-15-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR QUARSTEIN, VERNON A PH D 1358 RICHMOND ROAD WINTER PARK FL 32789 <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	Agent/MGR Priscilla Ann Hill 1358 Richmond Road. Winter Park, FL 32789 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vernon A Quarstein* 3/15/2007 407-733-3983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 407-733-4048