



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-27-2007 90206 020 ****50.00

DOCUMENT # L06000119082 1. Entity Name FRIENDS OF MENOPAUSE, MINNEAPOLIS, L.L.C.					
Principal Place of Business 10400 GRIFFIN ROAD, #103 COOPER CITY FL 33328		Mailing Address 10400 GRIFFIN ROAD, #103 COOPER CITY FL 33328			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8089572				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAHULLIER, VICKI 10400 GRIFFIN ROAD, #103 COOPER CITY FL 33328			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 _____ (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 G FOUR PRODUCTIONS, INC. 10400 GRIFFIN ROAD, #103 COOPER CITY FL 33328	<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: <i>Alan M. Smith</i> 3/12/07 (954) 680-3000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					