2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L07000087495

Entity Name: ABSOLUTE LIPO DISSOLVE 2, LLC

Current Principal Place of Business:

15143 BROLIO LANE
NAPLES, FL 34110

New Principal Place of Business:

6405 NORTH FEDERAL HIGHWAY
200
FT LAUDERDALE, FL 33308

Current Mailing Address:

15143 BROLIO LANE
NAPLES, FL 34110

New Mailing Address:

310 SADDLEBROOK LN
NAPLES, FL 34110

FEI Number: 26-0861980 **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:

NOVATT, JEFF M ESQ.
CHEFFY, PASSIDOMO, ET AL.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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: MGR ( ) Delete
Name: PORRARO, MARK
Address: 15143 BROLIO LANE
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PORRARO, MARK
Address: 310SADDLEBROOK LANE
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Change (X) Addition
Name: ATKINS, JOHN
Address: 310 SADDLEBROOK LN
City-St-Zip: NAPLES, FL 34110

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: MARK PORRARO MGR 05/29/2008

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