

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104711

FILED  
Aug 28, 2008  
Secretary of State

Entity Name: GIRLFRIENDS HEALTH PL

## Current Principal Place of Business:

503 5TH AVE., SUITE 103  
INDIALANTIC, FL 32903 US

## New Principal Place of Business:

1140 BROADBAND DRIVE  
MELBOURNE, FL 32901 US

## Current Mailing Address:

503 5TH AVE., SUITE 103  
INDIALANTIC, FL 32903 US

## New Mailing Address:

PO BOX 476  
MELBOURNE, FL 32901 US

FEI Number: 61-1549960      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:

WAITE, ANNMARIE  
2240 FRONT ST. SUITE 103  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

WAITE, ANNMARIE  
1140 BROADBAND DRIVE  
MELBOURNE, FL 32901 US

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: AWAITE

08/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAITTE, ANNMARIE  
Address: 503 5TH AVE., SUITE 103  
City-St-Zip: INDIALANTIC, FL 32903 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WAITTE, ANNMARIE  
Address: PO BOX 476  
City-St-Zip: MELBOURNE, FL 32901 US

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: AWAITE

MGR

08/28/2008

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