2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# L07000110129

Entity Name: YOUR NUTRITION PARTNERS, LLC

Current Principal Place of Business:

610 S. MAITLAND AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

1701 GRINNELL TERRACE
101
WINTER PARK, FL 32789

Current Mailing Address:

610 S. MAITLAND AVENUE
MAITLAND, FL 32751

New Mailing Address:

1701 GRINNELL TERRACE
101
WINTER PARK, FL 32789

FEI Number: 26-0540538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL SMITH, GAIL
610 S. MAITLAND AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HILL SMITH, GAIL
1701 GRINNELL TERRACE
WINTER PARK, FL 32789 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: GAIL HILL SMITH 02/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HILL SMITH, GAIL
Address: 1701 GRINNELL TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Delete
Name: CAHILL, SARAH D
Address: 141 S. PHELPS AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GAIL HILL SMITH MGRM 02/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date