

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000039488

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** CHINA HEALTH GROUP, LLC

**Current Principal Place of Business:**

% MARCO POLO COLUMBUS AND FERRARI  
9101 SR 535  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22887  
LAKE BUENA VISTA, FL 32830

**New Mailing Address:**

**FEI Number:** 20-5379345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

YU, CYNTHIA  
% MARCO POLO COLUMBUS AND FERRARI  
9101 SR 535  
ORLANDO, FL 32836 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: YING, NELSON DR SR  
Address: BOX 22887  
City-St-Zip: LAKE BUENA VISTA, FL 32830

**ADDITIONS/CHANGES:**

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:** NELSON YING

MGR

04/23/2009

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