

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106485

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** CONSUMER HEALTH INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

309 WHITE OAK SHADE RD.  
NEW CANAAN, CT 06840 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 WHITE OAK SHADE RD.  
NEW CANAAN, CT 06840 US

**New Mailing Address:**

**FEI Number:** 27-3695798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NOVATT, JEFF  
821 5TH 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  
**Name:** REED, CHRISTOPHER T  
**Address:** 309 WHITE OAK SHADE RD.  
**City-St-Zip:** NEW CANAAN, CT 06840 US

I hereby 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:** CHRISTOPHER T. REED

MGR

04/08/2011

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