2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# L99000000836

Entity Name: BEST HEALTH SOLUTIONS, L.L.C.

Current Principal Place of Business:

2107 GULF WAY
ST PETE BEACH, FL 33706

New Principal Place of Business:

4971 BACOPA LANE 801C
ST.PETERSBURG, FL 33715

Current Mailing Address:

2107 GULF WAY
ST. PETE BEACH, FL 33706

New Mailing Address:

4971 BACOPA LANE 801C
ST.PETERSBURG, FL 33715

FEI Number: 59-3562540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W & P SERVICES INC
1936 LEE ROAD, STE 101
WINTER PARK, FL 32789 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: MGRM ( ) Delete
Name: BURNS, TIMOTHY F
Address: 2107 GULF WAY
City-St-Zip: ST PETE BEACH, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BURNS, TIMOTHY F
Address: 4971 BACOPA LANE 801C
City-St-Zip: ST PETE BEACH, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY BURNS MR. 01/07/2006

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