## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000001322

1. Entity Name

HEALTHY FOODS OF AMERICA, LLC



Principal Place of Business

777 SOUTH FLAGLER DRIVE, EAST TOWER STE 1000

WEST PALM BEACH, FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE, EAST TOWER

STE 1000

WEST PALM BEACH, FL 33401

**FILED** May 05, 2004 08:00 AM Secretary of State



01082004 No Chg-LLC

CR2E083 (10/03)

| 4. | FEI Number |  |  |
|----|------------|--|--|
|    | 90-0066655 |  |  |
|    |            |  |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and | Address | of Current Registered | d Agent |
|----|------|-----|---------|-----------------------|---------|

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

|  |  | IN THIS SPACE   |
|--|--|---|
| 8. The above the obligat                           | named entity submits this statement for the purpose of changing ions of registered agent.    | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE  | Signature, typed or printed name of registered agent and little if applicable (i             | (NOTE Registered Agent signature required when reinstating)  DATE   |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2004  | U00000157008<br>05/05/04-80092-018 50.00  |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |
| HTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP      | MGR<br>NOONAN, CHARLES T<br>777 SOUTH FLAGLER DRIVE, EAST TOWER<br>WEST PALM BEACH, FL 33401 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |   |
| TITLE NAME STREET ADDRESS CITY ST-ZIP              |  | DO NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | IN THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHARLES T. NOOLINY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING, MEMBER, OR AUTHORIZED REPRESENTATIVE