2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003991

1. Entity Name
LIFE NUTRITIONALES LLC

Principal Place of Business	Mailing Address
1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159	1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0673850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENIJEVITH, DAN
1501 US HWY 441 NORTH, SUITE 1706
THE VILLAGES, FL 32159

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRAUCAK, NELSON
STREET ADDRESS	1501 US HWY 441 NORTH, SUITE 1706
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	MGR
NAME	VILLA, MARIVIC
STREET ADDRESS	1501 US HWY 441 NORTH, SUITE 1706
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	
NAME	
STREET ADDRESS	
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01/23/06-80015-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1/18/06 (352) 750-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #