

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M05000003991 1. Entity Name LIFE NUTRITIONALES LLC	
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Principal Place of Business 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159	Mailing Address 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159
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01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

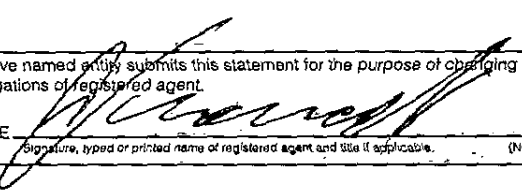
4. FEI Number 81-0673850	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent ARSENJEVITH, DAN 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent's signature required when reinstating) DATE

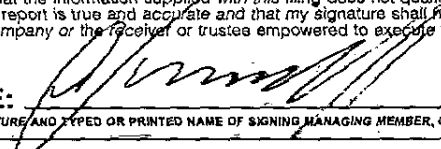
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUCAK, NELSON 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLA, MARIVIC 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159
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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, (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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/06 (352) 70-4333