2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001798

1. Entity Name
HEALTH AND HEALING CENTER, L.L.C.

Principal Place of Business	Mailing Address
4525 SW 13TH STREET GAINESVILLE, FL 32608	4525 SW 13TH STREET GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC   CR2E063 (11/05)

4. FEI Number	Applied For
59-3635931	Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, JAMES V
217 PONTE VEDRA BEACH PARK DRIVE
STE 200
PONTE VEDRA BEACH, FL 32082

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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	P
NAME	STOER, CHARLES B
STREET ADDRESS	4525 SW 13TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
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03/29/06-00002-002 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: X _____   3-15-06   352-377-8619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #