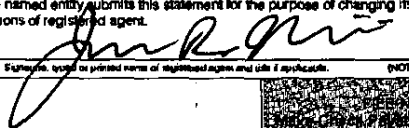
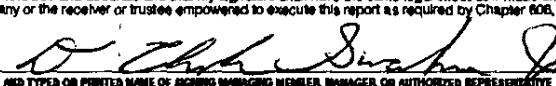


FILED  
Apr 07, 2003 8:00 am  
Secretary of State

04-07-2003 90615 027 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                              |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L01000005992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                             |                                                                   |
| 1. Entity Name<br><b>SARASOTA NATURAL HEALING ARTS INT'L, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                              |                                                                   |
| Principal Place of Business<br>115 NORTH TAMiami TRAIL #6<br>NOKOMIS, FL 34275                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Mailing Address<br>115 NORTH TAMiami TRAIL #6<br>NOKOMIS, FL 34275                                                                           |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | 3. Mailing Address                                                                                                                           |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | Suite, Apt. #, etc.                                                                                                                          |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | City & State                                                                                                                                 |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                 | Zip                                                                                                                                          | Country                                                           |
| 4. Name and Address of Current Registered Agent<br><b>COX, JOE B<br/>3001 TAMiami TRAIL NORTH<br/>SUITE 100<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | 5. Name and Address of New Registered Agent<br><b>Joe B. Cox, c/o Cox &amp; Nici<br/>1185 Immokalee Road, Suite 110<br/>Naples, FL 34110</b> |                                                                   |
| 6. 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                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | DATE <b>2/24/03</b>                                                                                                                          |                                                                   |
| 7. Signature of Registered Agent (Required when changing registered agent)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                              |                                                                   |
| 8. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | 9. ADDITIONS/CHANGES                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>SWALM, D. CLARK JR.<br>2509 CASEY KEY ROAD<br>NOKOMIS, FL 34275 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>SWALM, D. CLARK JR.<br>2509 CASEY KEY ROAD<br>NOKOMIS, FL 34275 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |                                                                                                         |                                                                                                                                              |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         | DATE <b>2-7-03</b> 941 346-7515                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | Date Daytime Phone #                                                                                                                         |                                                                   |

CF2503 (10/02)