

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005065

FILED
Jul 27, 2005
Secretary of State

Entity Name: ANCIENT HEALING SECRETS, L.L.C.

Current Principal Place of Business:

228 6TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51544
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 01-0618490 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GAINES, JULIE A
13519 VALBUENA CT
JACKSONVILLE BEACH, FL 32224 US

Name and Address of New Registered Agent:

GAINES, JULIE A
29 ARBOR CLUB DRIVE
UNIT 214
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE:

07/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORNMILLER, MICHELLE A
Address: 228 6TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: GAINES, JULIE A
Address: 228 6TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JULIE A. GAINES

MGRM

07/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date