


FILED  
Apr 03, 2006 8:00 am  
Secretary of State

04-03-2006 90068 013 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L02000011899</b>   |   |    |   |
| 1. Entity Name<br><b>DHARMA LIVING SYSTEMS, LC</b>   |   |   |   |
| Principal Place of Business<br>255 NE 6TH AVE.<br>DELRAY BEACH, FL 33483   |   | Mailing Address<br>255 NE 6TH AVE.<br>DELRAY BEACH, FL 33483  |   |
| 2. Principal Place of Business<br><b>1105 N. FEDERAL HWY</b>   |   | 3. Mailing Address<br><b>1105 N. FEDERAL HWY</b>  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>BOYNTON BEACH, FL</b>   |   | City & State<br><b>BOYNTON BEACH, FL</b>  |   |
| Zip<br><b>33435</b>  | Country<br><b>US</b>  | Zip<br><b>33435</b>   | Country<br><b>US</b>  |
| 6. Name and Address of Current Registered Agent<br><b>WINTZER, WILLIAM R<br/>255 NE 6TH AVE.<br/>DELRAY BEACH, FL 33483</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>WINTZER, WILLIAM R.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1105 N. FEDERAL HWY</b><br>City<br><b>BOYNTON BEACH FL</b> Zip Code<br><b>33435</b> |   |
| 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.<br>SIGNATURE <u><b>William R. Wintzer</b></u> <b>WILLIAM R. WINTZER</b> <b>3/28/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                   |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOODYEAR, KIMBERLY A<br>125 LA POSTA ROAD<br>TAOS, NM 87571 <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   | MGR<br>WORRELL, THOMAS JR<br>255 NORTHEAST 6TH AVENUE<br>DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>WORRELL, THOMAS R. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1105 N. FEDERAL HWY<br/>BOYNTON BEACH, FL 33435</b> |
| 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 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: <u><b>Kimberly A. Goodyear</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <b>3/28/06</b> <b>(505) 758-5090</b><br><small>Date Daytime Phone #</small>   |   |