

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90066 034 *****50.00

DOCUMENT # L02000031094 1. Entity Name ATMA VICHARA ASHRAM, LLC					
Principal Place of Business 1021 HILLSBORO MILE, #502 HILLSBORO BEACH, FL 33062			Mailing Address 1021 HILLSBORO MILE, #502 HILLSBORO BEACH, FL 33062		
2. Principal Place of Business 3921 Tucks Road Suite, Apt. #, etc.		3. Mailing Address 3921 Tucks Road Suite, Apt. #, etc.			
City & State Boynton Beach, Florida		City & State Boynton Beach, Florida		4. FEI Number 06-1714822	
Zip 33436-2405		Zip 33436-2405		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, CHRISTOPHER 1021 HILLSBORO MILE #502 HILLSBORO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3921 Tucks Road City Boynton Beach FL Zip Code 33436-2405	
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: <i>[Signature]</i> DATE: 4/21/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, CHRISTOPHER T 1021 HILLSBORO MILE, #502 HILLSBORO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3921 Tucks Road Boynton Beach, FL 33436-2405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANCITANO, NICHOLAS R 1021 HILLSBORO MILE, #502 HILLSBORO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> Christopher T. Garner				Date: 4/21/04	