

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007432

Entity Name: HEART TALK LIVE, L.L.C.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

C/O JULIE KRONHAUS  
2471 ALOMA AVENUE, SUITE 101  
WINTER PARK, FL 32792

## Current Mailing Address:

C/O JULIE KRONHAUS  
2471 ALOMA AVENUE, SUITE 101  
WINTER PARK, FL 32792

## New Principal Place of Business:

C/O JULIE KRONHAUS  
1330 PALMETTO AVENUE  
WINTER PARK, FL 32789

## New Mailing Address:

C/O JULIE KRONHAUS  
1330 PALMETTO AVENUE  
WINTER PARK, FL 32789

FEI Number: 06-1690330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRONHAUS, JULIE  
2471 ALOMA AVENUE, SUITE 101  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

KRONHAUS, JULIE  
1330 PALMETTO AVENUE  
WINTER PARK, FL 32789 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:

04/28/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KRONHAUS, JULIE  
Address: 2471 ALOMA AVENUE, SUITE 101  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KRONHAUS, JULIE  
Address: 1330 PALMETTO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 KRONHAUS

MGR

04/28/2006

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