2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L03000010308

Entity Name: THE REFUGE, A HEALING PLACE, LLC

Current Principal Place of Business:

14835 SE 85TH ST.
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

14835 SE 85TH ST.
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 71-0943490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, KRISTINE M ESQ.
2000 GLADES RD STE 306
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRANE, JUDITH
Address: 14835 SE 85TH ST.
City-St-Zip: OCKLAWAHA, FL 32179

Title: MGR ( ) Delete
Name: HOECHSTETTER, LEW
Address: 990 S. CONGRESS AVE STE 3
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete
Name: STEVENSON, SCOTT
Address: 7427 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

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

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 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: LEE NICHOLSON OM 01/07/2008

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