

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025468

Entity Name: THE YOGA GROUP, LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

1204 N W 10TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5656
GAINESVILLE, FL 32627 US

New Mailing Address:

FEI Number: 20-0110581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, KATHERINE A
2208 NW 7TH LANE
GAINESVILLE, FL 32603 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/MEMBERS:

Title: MGRM () Delete
Name: GRAVES, KATHERINE A
Address: 2208 NW 7TH LANE
City-St-Zip: GAINESVILLE, FL 32603 US

Title: MGRM () Delete
Name: GILL, ALICE A
Address: 3916 NW 32ND PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: MONTILLA, MELISSA J
Address: 723 NE 5TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

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 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: KATHERINE A. GRAVES

MGR

01/10/2005

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