

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000044311

1. Entity Name *

ESMERLYN'S HEALTH ACADEMY L.L.C.



FILED
Apr 14, 2006 08:00 AM
Secretary of State

Principal Place of Business
1190 NW 83RD AVE
CORAL SPRINGS FL 33071

Mailing Address
1190 NW 83RD AVE
CORAL SPRINGS FL 33071-52



2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		52-2436094		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WYNTER, BERNICE 1190 NW 83 AVE CORAL SPRINGS FL 33071		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM WYNTER, BERNICE 1190 NW 83 AVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 11100000502905 04/28/06-80024-008 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE [Signature] 2/14/06 954 345 4418
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #