

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022045

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** HARMONIOUS LIFE AND HEALTH INSTITUTE, L.L.C.

**Current Principal Place of Business:**

1500 BEVILLE ROAD, SUITE 606  
P.M.B. 300  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

1500 BEVILLE ROAD,  
SUITE 606-300  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

1500 BEVILLE ROAD, SUITE 606  
P.M.B. 300  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

1500 BEVILLE ROAD,  
SUITE 606-300  
DAYTONA BEACH, FL 32114

**FEI Number:** 20-0896678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114 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: MGR ( ) Delete  
Name: ANGLIN, MELODY LONG  
Address: 131 WESTWOOD DRIVE  
City-St-Zip: DAYTONA BEACH, FL 321191426

**ADDITIONS/CHANGES:**

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 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: MELODY LONG ANGLIN

MGR

04/29/2006

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