


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90034 034 \*\*\*\*50.00

<b>DOCUMENT # L04000046312</b>																																																																																																																																			
1. Entity Name <b>INTEGRAL CENTER FOR YOGA AND SELF HEALING THERAPIES LLC</b>																																																																																																																																			
Principal Place of Business <b>2105 POWELL RD ST AUGUSTINE, FL 32084</b>			Mailing Address <b>2105 POWELL RD ST AUGUSTINE, FL 32084</b>																																																																																																																																
2. Principal Place of Business			3. Mailing Address																																																																																																																																
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City & State			City & State																																																																																																																																
Zip	Country	Zip	Country	4. FEI Number <b>#13-4283082</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																
<b>CARPENTER, GITA G 2105 POWELL RD ST AUGUSTINE, FL 32084</b>			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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)) DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td><b>MGRM</b></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>CARPENTER, GITA G</b></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2105 S POWELL RD</b></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ST AUGUSTINE, FL 32084</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>CARPENTER, GITA G</b>		NAME			STREET ADDRESS	<b>2105 S POWELL RD</b>		STREET ADDRESS			CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32084</b>		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 608, Florida Statutes.																																																																																																																																			
SIGNATURE: <u><i>Gita G Carpenter</i></u> <u>8/18/05</u>																																																																																																																																			
SIGNATURE AND PRINTED NAME OF RECORDING AGENCY, SECRETARY, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			



ATTACHMENT

3000740

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 8, 2005

INTEGRAL CENTER FOR YOGA AND SELF HEALING THERAPIES LLC  
2105 POWELL RD  
ST AUGUSTINE, FL 32084

Subject: INTEGRAL CENTER FOR YOGA AND SELF HEALING THERAPIES

Reference Number:

L04000046312

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/SC

ANNUAL REPORTS SECTION

as per your  
Request 8/18/05  
Signature  
Sha J. Cayman

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314