

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051234

FILED
Apr 14, 2006
Secretary of State

Entity Name: MEDITATION MASTERY INSTITUTE LLC

Current Principal Place of Business:

18107 NW COUNTY RD 239
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

18107 NW COUNTY RD 239
P O BOX 1119
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHURANA, NAVEEN
18107 NW COUNTY RD 239
ALACHUA, FL 32615 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: KHURANA, NAVEEN
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615 US

Title: MGRM () Delete
Name: KHURANA, MICHELE
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES:

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 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: NAVEEN KHURANA

MGRM

04/14/2006

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