


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000051234 1. Entity Name MEDITATION MASTERY INSTITUTE LLC					
Principal Place of Business 18107 NW COUNTY RD 239 ALACHUA, FL 32615 US			Mailing Address 18107 NW COUNTY RD 239 P O BOX 1119 ALACHUA, FL 32615 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KHURANA, NAVEEN 18107 NW COUNTY RD 239 ALACHUA, FL 32615			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 <u>NO CHANGE</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KHURANA, NAVEEN 18107 NW COUNTY RD 239 ALACHUA, FL 32615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000724893 05/02/07-80122-006 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KHURANA, MICHELE 18107 NW COUNTY RD 239 ALACHUA, FL 32615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	
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 Chapter 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 608, Florida Statutes.					
SIGNATURE: N Khurana NAVEEN KHURANA 4/20/07 386.4182205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					