2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062302

Current Principal Place of Business:

Entity Name: HEALING CULINARY INSTITUTE OF PALM BEACH, INC.

FILED Feb 18, 2005 Secretary of State

340 ROYAL POINCIANA WAY SUITE 6C PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** 340 ROYAL POINCIANA WAY SUITE 6C PALM BEACH, FL 33480 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY FRYE, DARRIN L 340 ROYAL POINCIANA WAY 1201 HAYS STREET TALLAHASSEE, FL 32301 US SUITE 60 PALM BEACH, FL 33480 US 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: DARRIN L FRYE 02/18/2005 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGRM

Name: FRYE, DARRIN L
Address: 340 ROYAL POINCIANA WAY STE

Address: 340 ROYAL POINCIANA WAY STE 6C City-St-Zip: PALM BEACH, FL 33480 US

() Delete

Title: MGRM () Delete
Name: PORCHER, FRANCK

Address: 2100 45TH STREET STE B20
City-St-Zip: WEST PALM BEACH, FL 33407 US

ADDITIONS/CHANGES:

Title: () Change () Addition

New Principal Place of Business:

Name: Address: City-St-Zip:

Address:

City-St-Zip:

Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARRIN L. FRYE MGRM 02/18/2005