

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076779

FILED
Jul 21, 2005
Secretary of State

Entity Name: TRADITIONAL ACUPUNCTURE CENTER, L.L.C.

Current Principal Place of Business:

327 NW 23RD AVE.
SUITE 1 & 2
GAINESVILLE, FL 32609

New Principal Place of Business:

1204 NW 10TH AVE.
GAINESVILLE, FL 32601

Current Mailing Address:

327 NW 23RD AVE.
SUITE 1 & 2
GAINESVILLE, FL 32609

New Mailing Address:

1204 NW 10TH AVE.
GAINESVILLE, FL 32601

FEI Number: 20-1817510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: BOLE, DAVID N
Address: 327 NW 23RD AVE.
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOLE, DAVID N
Address: 1204 NW 10TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

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: DAVID N. BOLE

MGR

07/21/2005

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