


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90172 007 \*\*\*\*55.00

<b>DOCUMENT # L05000047770</b> 1. Entity Name <b>JOURNEY INTO HEALING, LLC</b>					
Principal Place of Business <b>100 E. SYBELIA AVE., STE. 340 MAITLAND, FL 32751</b>			Mailing Address <b>100 E. SYBELIA AVE., STE. 340 MAITLAND, FL 32751</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2838 WILLOW BAY TERR</b> Suite, Apt. #, etc.			
City & State		City & State <b>CASSELBERRY, FL</b>		4. FEI Number <b>14-1928162</b>	
Zip <b>32707</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, DEBORAH S 100 E. SYBELIA AVE., STE. 340 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ADAMS, DEBORAH S 2838 WILLOW BAY TERRACE CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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.					
<b>SIGNATURE: <u>Deborah S. Adams</u> DEBORAH S. ADAMS</b>			<b>1-30-06 407/696-6636</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		