


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90129 005 \*\*\*138.75

<b>DOCUMENT # L05000066931</b>	
1. Entity Name <b>PRANA EVOLUTIONS, LLC</b>	

Principal Place of Business <del>2803 EAST CERVANTES ST</del> <b>178 KEVIN DR</b> <del>PENSACOLA, FL 32503</del> <b>US</b> <del>GULF BREEZE, FL</del> <b>32561</b>	Mailing Address <del>2803 EAST CERVANTES ST</del> <b>178 KEVIN DR</b> <del>PENSACOLA, FL 32503</del> <b>US</b> <del>GULF BREEZE, FL</del> <b>32561</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3242095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GRAVES, LORRAINE M</b> <b>178 KEVIN DR</b> <b>2803 EAST CERVANTES ST</b> <b>GULF BREEZE, FL</b> <b>PENSACOLA, FL 32503</b> <b>32561</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	
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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: *Lorraine M Graves* DATE: 4/6/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GRAVES, LORRAINE M</b> <b>178 KEVIN DR</b> <b>2803 EAST CERVANTES ST</b> <b>GULF BREEZE</b> <b>PENSACOLA, FL 32503</b> <b>FL 32561</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.

SIGNATURE: *Lorraine M Graves* DATE: 4/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE