


FILED
Mar 16, 2006 8:00 am
Secretary of State

02-06-2006 90209 001 ***110.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

2/6/200

DOCUMENT # L05000070719			
1. Entity Name NSIGHT LIFE COACHING LLC			
Principal Place of Business 6425 WELLINGTON DRIVE ORLANDO, FL 32819		Mailing Address 6425 WELLINGTON DRIVE ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3296611		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILNER, LINDA M 6525 WELLINGTON DRIVE ORLANDO, FL 32819		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ministering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILNER, LINDA M 6425 WELLINGTON DRIVE ORLANDO, FL 32819 <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	MGRM ILIFF, TIMOTHY H 6425 WELLINGTON DRIVE ORLANDO, FL 32819 <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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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 606, Florida Statutes.			
SIGNATURE: <i>Timothy H. Iliff</i>		Date: 02-04-06 Daytime Phone #: 407-351-6882	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

30002623



01132006 Chg-LLC CR2E083 (11/05)



ATTACHMENT
30002623

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

NSIGHT LIFE COACHING LLC
6425 WELLINGTON DRIVE
ORLANDO, FL 32819

Subject: **NSIGHT LIFE COACHING LLC**

Reference Number: **L05000070719**

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$110.00 of which \$55.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

ATTACHMENT

30002623

LOS000070719

Bee Square Tax Service

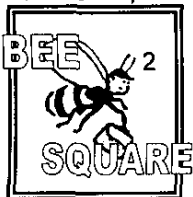
7130 S. Orange Blossom Trail, Suite 111

Orlando, FL 32809

Phone (407) 851-4037

Fax (407) 851-1277

*"Avoid the I.R.S Sting
By Giving Us A Ring"*



TAX CONSULTATION
AND SERVICE

March 11, 2006

Division of Corporations

To Whom It May Concern

RE: NSight Life Coaching LLC

Tax ID Number for NSight Life Coaching LLC is 20-3296611. This number was applied for by our office on August 12, 2005.

Please accept this information to update your records for the above LLC.

Sincerely yours,

A handwritten signature in cursive script that reads "Rebecca Williams".

Rebecca Williams

Bee Square Tax Service