

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082309

FILED
Apr 03, 2006
Secretary of State

Entity Name: BIKRAM YOGA ON THE ISLAND, LLC

Current Principal Place of Business:

87 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

87 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 20-3372820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, SUZANNE S M.D.
87 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

ELLIOTT, SUZANNE S
87 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953 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: SUZANNE S. ELLIOTT

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIOTT, SUZANNE S M.A.
Address: 141-J AQUARIUS WAY
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: PARROT, THERESA M
Address: 1941 HWY A1A UNIT 203
City-St-Zip: INDIAN HARBOUR BEACH, FL 32903

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIOTT, SUZANNE S
Address: 141-J AQUARIUS WAY
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SUZANNE S. ELLIOTT

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04/03/2006

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