2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000107400

1. Entity Name REDEEMED HEART MINISTRIES, LLC



FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90028 001 ****50.00

Principal Place of Business 1206 EAST GONZALEZ STREET PENSACOLA, FL 32651 3250		Mailing Address 1206 EAST GONZALEZ STREET PENSACOLA, FL 32051 ERF 3 250 I			20033350				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State			4. FEI Numbe	ər			plied For t Applicable
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	itional
	6. Name and Address of Current	Registered Agent	stered Agent		7. Name and	Address of New F			-
Name						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TURNAGE, ELIZABETH R 1206 EAST GONZALEZ STREET PENSACOLA, FL 32051		Street Address		(P.O. Box Number is Not Acceptable)					
. 2110/100	27, 12 02001	,				,		•	
		4	37	City			FL	Zíp 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE, Registated Agent signature required when reinstating)									
	agnitude, typed of printed frame of registered agent	and tide if applicable (NO		a Agent signature require	ed when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2006	, ed ·			Make check payable to Florida Department of State				
9.	MANAGING MEMBE	S/MANAGERS 10.			Ł	ADDITIONS	/CHANGES		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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