


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-16-2006 90033 021 \*\*\*\*50.00

<b>DOCUMENT # L05000107714</b>					
<b>1. Entity Name</b> <b>CONSCIOUS SOUL, LLC</b>					
<b>Principal Place of Business</b> <b>400 2ND ST N</b> <b>SAFETY HARBOR FL 34695</b>			<b>Mailing Address</b> <b>400 2ND ST N</b> <b>SAFETY HARBOR FL 34695</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>2130 CROWSNEST DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> <b>PALM HARBOR, FLORIDA</b>		<b>4. FEI Number</b> <b>20-3740561</b>	
<b>Zip</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DIXIT, SHYAM N JR</b> <b>101 E KENNEDY BLVD</b> <b>2700 BANK OF AMERICA PLAZA</b> <b>TAMPA FL 33602</b>		<b>7. Name and Address of New Registered Agent</b>			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b>		Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when constituting)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>DIXIT, CHANDRA</b> <b>400 2ND ST N</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>BARDUA, PAUL N</b> <b>11266 W HILLSBOROUGH AVE</b> <b>TAMPA FL 33635</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>BARDUA, PAUL N</b> <b>2130 CROWSNEST DRIVE</b> <b>PALM HARBOR, FL 34685</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>					
<b>SIGNATURE:</b> _____ <b>03-06-2006 727-366-1461</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					