

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068407

FILED
Apr 17, 2007
Secretary of State

Entity Name: HEARTS' PATH TO MINDFUL LIVING LLC

Current Principal Place of Business:

40 BARKLEY CIRCLE, SUITE 3
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

40 BARKLEY CIRCLE, SUITE 3
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 13-4164604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, MARY
40 BARKLEY CIRCLE, SUITE 3
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOBS, LINDA
Address: 1531 LINHART AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: LEITCH, KATHY
Address: 14661 LAKE OLIVE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: METTS, MARY
Address: 9323 KNIGHT ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: MULLINS, MAGGIE
Address: 10100 CYPRESS COVE DRIVE #170
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: PASTERZ, LINDA
Address: 9165 TEMPLE ROAD E
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: ROBINSON, MARY
Address: 5333 FAIRFIELD WAY
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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

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

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

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

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

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: MARY ROBINSON

R.A.

04/17/2007

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