## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000000428

Address:

City-St-Zip:

36 PINE STREET

PRINCETON, NJ 08542

Entity Name: PALM BEACH DHARMA CENTER, L.L.C.

FILED Apr 21, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	TH FEDERAL I RTH, FL 33460					
Current M	ailing Addres	s:		New Mailing A	Address:	
	TH FEDERAL I RTH, FL 33460					
FEI Number:	22-3008377	FEI Number Applied For ( )	FEI Num	nber Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MCMAHON, RUTH E ESQ. DUNLAP & MORAN 22 SOUTH LINKS AVE., STE. 300 SARASOTA, FL 34236 US				TAVIS, TIMOTHY M DR. 1281 N. OCEAN DR. 162 SINGER ISLAND, FL 33404 US		
	named entity s of Florida.	ubmits this statement for the p	urpose of	f changing its re	gistered office or registered agent, or both	
SIGNATUR	RE: TIMOTHY	M. TAVIS			04/21/2007	
	Electroni	ic Signature of Registered Age	nt		Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHAN	IGES:	
Title: Name: Address: City-St-Zip:	VENERABLE KH	Delete HENCHEN P, ALDEN SHERAB R I NP N AVENUE NO. 8A ' 10016	'OCHE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR () O'ROURKE, LOI 39 WEST 16TH NEW YORK, NY	STREET		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR () SCARPA, JOSE 3612 AIKEN CO WELLINGTON, I	URT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	MGR () SCIARRA, LORF	Delete RAINE		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH D. SCARPA MGR 04/21/2007