

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000428

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1205 NORTH FEDERAL HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1205 NORTH FEDERAL HIGHWAY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 22-3008377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAVIS, TIMOTHY M DR.  
1281 N. OCEAN DR.  
162  
SINGER ISLAND, FL 33404 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: MGR ( ) Delete  
Name: VENERABLE KHENCHEN P, ALDEN SHERAB R I NPOCHE  
Address: 151 LEXINGTON AVENUE NO. 8A  
City-St-Zip: NEW YORK, NY 10016

Title: MGR ( ) Delete  
Name: VENERABLE KHENPO TSE, WANG DONGYAL R I NPOCHE  
Address: 151 LEXINGTON AVENUE NO. 8A  
City-St-Zip: NEW YORK, NY 10016

Title: MGR ( ) Delete  
Name: O'ROURKE, LORRAINE  
Address: 39 WEST 16TH STREET  
City-St-Zip: NEW YORK, NY 10011

Title: MGR ( ) Delete  
Name: SCARPA, JOSEPH D  
Address: 3612 AIKEN COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: SCIARRA, LORRAINE  
Address: 36 PINE STREET  
City-St-Zip: PRINCETON, NJ 08542

**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:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY M. TAVIS

DR

03/20/2009

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