2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2007
Secretary of State

DOCUMENT# L03000040882

Entity Name: ALL FAMILY CHIROPRACTIC CENTER, L.L.C.

Current Principal Place of Business:

5020 SILVER STAR RD
ORLANDO, FL 32808

New Principal Place of Business:

1247 NORTH PINE HILLS RD
ORLANDO, FL 32808

Current Mailing Address:

5020 SILVER STAR RD
ORLANDO, FL 32808

New Mailing Address:

1247 NORTH PINE HILLS RD
ORLANDO, FL 32808

FEI Number: 56-2420548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISIUS, GESNER
5020 SILVER STAR RD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

LOUISIUS, GESNER
1436 KURUME CT
ORLANDO, FL 32818 US

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: GESNER LOUISIUS 01/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LOUISIUS, GESNER
Address: 5020 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOUISIUS, GESNER
Address: 1436 KURUME CT
City-St-Zip: ORLANDO, FL 32818

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: GESNER LOUISIUS MGMR 01/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date