2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# L00000007007

Entity Name: INTERNATIONAL FORENSIC PSYCHOLOGY INSTITUTE, L.L.C.

Current Principal Place of Business:

915 MIDDLE RIVER DRIVE, #401
FT LAUDERDALE, FL 33304

New Principal Place of Business:

3595 SHERIDAN STREET
105
HOLLYWOOD, FL 33021

Current Mailing Address:

915 MIDDLE RIVER DRIVE, #401
FT LAUDERDALE, FL 33304

New Mailing Address:

3595 SHERIDAN STREET
105
HOLLYWOOD, FL 33021

FEI Number: 65-1019648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

M. ROSS SELIGSON, PHD
915 MIDDLE RIVER DRIVE, #401
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

LENORE E WALKER, ED.D.
3595 SHERIDAN STREET
105
HOLLYWOOD, FL 33021 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: LENORE E WALKER, ED.D. 09/02/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: INTERNATIONAL FORENS, IC PSYCHOLOGY I NSTITUT
Address: 915 MIDDLE RIVER DRIVE, #401
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: INTERNATIONAL FORENS, IC PSYCHOLOGY I NSTITUT
Address: 3595 SHERIDAN STREET, #105
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LENORE E WALKER, ED.D. MGR 09/02/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date