2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000012416

Entity Name: RECOVERY, L.L.C.

Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

646 OSPREY POINT CIRCLE 21 OLD KINGS ROAD N BOCA RATON, FL 33431 PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

646 OSPREY POINT CIRCLE 220 BROADWAY BOCA RATON, FL 33431 101

LYNNFIELD, MA 01940

FEI Number: 59-3675852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NOWELL, SIDNEY M ESQ.
4 OLD KINGS ROAD NORTH
PALM COAST, FL 32137 US
HARKINS, WILLIAM
21 OLD KINGS ROAD NORTH
PALM COAST, FL 32137 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: WILLIAM HARKINS 04/25/2002

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KAAN, VALERIE
 Name:

 Address:
 646 OSPREY POINT CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KAAN, GLORIA
 Name:

 Address:
 646 OSPREY POINT CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

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: VALERIE KAAN MGRM 04/25/2002