

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000506

FILED
Apr 08, 2005
Secretary of State

Entity Name: DARROW FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

97 TOLLGATE TRAIL
LONGWOOD, FL 32750

New Principal Place of Business:

999 DOUGLAS AVE
SUITE 3328
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

97 TOLLGATE TRAIL
LONGWOOD, FL 32750

New Mailing Address:

999 DOUGLAS AVE
SUITE 3328
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3690944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARROW, DAVID DC
97 TOLLGATE TRAIL
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DARROW, DAVID W DC
999 DOUGLAS AVE
SUITE 3328
ALTAMONTE SPRINGS, FL 32714 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: DAVID W DARROW

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DARROW, DAVID W
Address: 97 TOLLGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DARROW, DAVID W
Address: 999 DOUGLAS AVE, SUITE 3328
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAVID W DARROW

MGRM

04/08/2005

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