


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000003604 <b>1. Entity Name</b> IMIND RECOVERY, LLC	
--	---

<b>Principal Place of Business</b> 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<b>Mailing Address</b> 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
--	--

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 65-1112550	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ANTARES CAPITAL CORPORATION 7900 MIAMI LAKES DR WEST 3RD FLOOR MIAMI LAKES, FL 33016	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

**8.** 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. I am familiar with, and accept the obligations of registered agent.

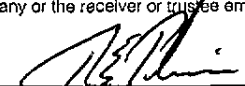
**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) **(NOTE: Registered Agent signature required when reinstating)** **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR ANTARES CAPITAL PARTNERS III, LLC 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

U000000277495  
03/26/05-80031-020 50.00

**11.** I hereby certify that the information supplied with this filing does not qualify 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 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:**  **R.E. Polman** **3/23/05** **321-777-4884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #