2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009602

1. Entity Name

TURNING POINT CENTER FOR PSYCHOLOGICAL AND FAMILY GROWTH, L.L.C.



Mailing Address

Principal Place of Business 124 E. MIRACLE STRIP PKWY MARY ESTHER, FL 32569

124 E. MIRACLE STRIP PKWY MARY ESTHER, FL 32569

FILED Aug 17, 2007 8:00 am Secretary of State

08-17-2007 90097 004 ****50 00



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08132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3736816

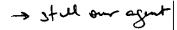
Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A 385 HWY 98 STE 220 DESTIN, FL 32540



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The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 14, 2007		

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	MILLER, D'LANÉ S PHD	
STREET ADDRESS	404 BARATARIA LN	
CITY-SI-ZIP	FT. WALTON BEACH, FL 32547	
TITLE	MGR-	
NAME	MCAULIFFE, MARANNE C LCSW	
STREET ADDRESS	7 CAMELIA ST	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	MGR	
NAME	CHANDLER, EDWARD W PHD	
STREET ADDRESS	404 BARATARIA LN	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	
TITLE		
NAME		
STREET ADDRESS		
CITY-SI-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 fusive empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-SE-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/13/07

850 Z43 8086

Daytime Phone (