

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011645

FILED
May 03, 2006
Secretary of State

Entity Name: SUCCESS IN FRIENDS HOME REHABILITATION, LLC

Current Principal Place of Business:

1727 BOOTH LAKE ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1727 BOOTH LAKE ROAD
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3746654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, JOHN J SR
1727 BOOTH LAKE ROAD
CANTONMENT, FL 32533 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, JR., JOHN J
Address: 1727 BOOTH LAKE ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: EVERETT, EVONNE P
Address: 7710 AARON DR
City-St-Zip: PENSACOLA, FL 32534

Title: MGR () Delete
Name: JOHNSON, LORETTA
Address: 1727 BOOTH LAKE ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: HALE, THOMAS
Address: 281 SW 99TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: RICH, JULIUS C
Address: 9840 HARLINGTON DR.
City-St-Zip: CANTONMENT, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RICH, JULIUS C
Address: 9840 HARLINGTON DR.
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Change (X) Addition
Name: TYMS, TOSHA M
Address: 13941 ROCKLAND VILLAGE DR APT 101
City-St-Zip: CHANTILLY, VA 20151

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN J JOHNSON JR

MGR

05/03/2006

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