

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015246

FILED
Apr 04, 2005
Secretary of State

Entity Name: LITTLE HANDS LITTLE FEET THERAPY SERVICES, LLC

Current Principal Place of Business:

3924 MESA RD.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

3924 MESA RD.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 03-0464883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORATH, SHANNON L
2441 U.S. HWY 98 E.
108
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SCOPER, PAIGE L
3924 MESA ROAD
DESTIN, FL 32541 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: PAIGE L. SCOPER

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCOPER, PAIGE
Address: 3904 MESA RD
City-St-Zip: DESTIN, FL 32541

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCOPER, PAIGE L
Address: 3924 MESA RD
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Change (X) Addition
Name: SCOPER, KENNETH L JR.
Address: 3924 MESA RD
City-St-Zip: DESTIN, FL 32541

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: PAIGE SCOPER

MGR

04/04/2005

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