LIMED DE COORT (UBR) U485

DOCUMENT # L020000 16485

1. Entity Name

HEAVENS THERAPY, LLC



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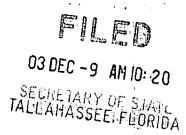
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SECKETARY OF STATE TALEAHASSEE, FLORIDA

Daytune Phone #

DO NOT WRITE IN THIS SPACE		TALEARASSEE, FLORIDA
2. Principal Place of Business 19090 Two Kiver Lane 19090 Two Suite, Apt. #, etc. 3. Mailing Address 19090 Two Suite, Apt. #, etc.	oRiverhane	DO NOT WRITE IN THIS SPACE
Boca Raton, Florida Boca Rat	on, Florida	4. FEI Number
33498 33-498	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE	Street Address (7. Name and Address of Current Registered Agent Fried and P.O. Box Number is Not Acceptable) Two River Lane ARWON, FL Zip Code 33 498
8. The above named dritty stomits it's statement for the purpose of changing the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable.	g its registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS LIGO 90 Two River Lane CITY-SI-ZIP BOCKE RATON, Fh. 334498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400025338974 12/09/0301016001 **50.00 8
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME. STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INSTATEMENT 2003
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	
Thereby certify that the information supplied with this filing does not qualify indicated on this report is true and accurate and that my signature shall hat limited liability company or the acceiver of truetee empowered to execute the state of th	y for the exemption stated in Seave the same legal effect as if m his report as required by Chapt	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a managing member or manager of the er 608, Florida Statutes.
SIGNATURE: 17/3/83		

Heavens Therapy, LLC 19090 Two River Lane Boca Raton Florida 33498



December 5th, 2003

The Department of State Division of Corporations Tallahassee Florida

Dear Sirs:

RE: HEAVENS THERAPY LLC L02000016485

We changed our address in December 2002 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 50.00 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

F, Friedland (Pres)