

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016485

Entity Name: HEAVENS THERAPY, LLC

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

19090 TWO RIVER LANE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19090 TWO RIVER LANE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 04-3693777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLAND, FRANK
19090 TWO RIVER LANE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: D () Delete
Name: FRIEDLAND, F.
Address: 19090 TWO RIVER LANE
City-St-Zip: BOCA RATON, FL 33498

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRIEDLAND, F.
Address: 19090 TWO RIVER LANE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Change (X) Addition
Name: FRIEDLAND, RACHELLE
Address: 19090 TWO RIVER LANE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Change (X) Addition
Name: FRIEDLAND, DEAN
Address: 19090 TWO RIVER LANE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Change (X) Addition
Name: FRIEDLAND, JADE
Address: 19090 TWO RIVER LANE
City-St-Zip: BOCA RATON, FL 33498

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: FRANK FRIEDLAND

MGR

03/05/2004

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