

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016931

FILED
Apr 24, 2004
Secretary of State

Entity Name: BREASTFEEDING CENTER AND CHILDBIRTH SUPPORT SERVICES, LLC

Current Principal Place of Business:

1519 N.W. 98TH WAY
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1591 N.W. 98TH WAY
PEMBROKE PINES, FL 33024

Current Mailing Address:

1519 N.W. 98TH WAY
PEMBROKE PINES, FL 33024

New Mailing Address:

1591 N.W. 98TH WAY
PEMBROKE PINES, FL 33024

FEI Number: 02-0650942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER, FL 33761 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: BECK, NADA A
Address: 1519 N.W. 98TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BECK, NADA A
Address: 1591 N.W. 98TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

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: NADA A. BECK

MGR

04/24/2004

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