

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008441

FILED
Mar 30, 2007
Secretary of State

Entity Name: SURROGACY CONSULTANTS OF FLORIDA, LLC

Current Principal Place of Business:

2207 22 ST W
BRADENTON, FL 34205 US

New Principal Place of Business:

2901 42ND ST W
BRADENTON, FL 34205 US

Current Mailing Address:

4501 MANATEE AVE W #208
BRADENTON, FL 34209 US

New Mailing Address:

FEI Number: 05-0559628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYBURN, TERESITA A
2207 22 ST W
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

RAYBURN, TERESITA A
2901 42ND ST W
BRADENTON, FL 34205 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: TERESITA A RAYBURN

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAYBURN, TERESITA A
Address: 2207 22 ST W
City-St-Zip: BRADENTON, FL 34205 US

Title: MGRM () Delete
Name: LAMOTHE, SHARON
Address: PO BOX 136271
City-St-Zip: CLERMONT, FL 34713 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAYBURN, TERESITA A
Address: 2901 42ND ST W
City-St-Zip: BRADENTON, FL 34205 US

Title: MGRM (X) Change () Addition
Name: LAMOTHE, SHARON
Address: 1453 MORNING STAR DR
City-St-Zip: CLERMONT, FL 34713 US

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: TERESITA A RAYBURN

MGRM

03/30/2007

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