

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020619

FILED
Apr 24, 2005
Secretary of State

Entity Name: ROYAL TREATMENT, LLC

Current Principal Place of Business:

5068 NORTH LA SEDONA CIRCLE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5068 NORTH LA SEDONA CIRCLE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 57-1170983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: D'AMICO, DAVID A
Address: 5068 NORTH LA SEDONA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR () Delete
Name: MEADE, PETER
Address: 9656 COLOCASIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR () Delete
Name: D'AMICO, MONIKA
Address: 5068 NORTH LA SEDONA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MEADE, PETER
Address: 8284 HARBOR TOWN PLACE
City-St-Zip: LONE TREE, CO 80124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID D'AMICO

MGR

04/24/2005

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