2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023881

Entity Name: ADVANCE THERAPY, L.L.C.

Current Principal Place of Business:	New Principal Place of Business:
1250 E HALLANDALE BEACH BLVD 902 HALLANDALE, FL 33009	210 SOUTH FEDERAL HIGHWAY 300 HOLLYWOOD, FL 33020

Current Mailing Address:	New Mailing Address:
1250 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009	210 SOUTH FEDERAL HIGHWAY 300 HOLLYWOOD, FL 33020

FEI Number: 20-0065988   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HERRERA, THOMAS R 1250 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009 US	MURCIA, JAVIER 210 SOUTH FEDERAL HIGHWAY 300 HOLLYWOOD, FL 33020 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: JAVIER MURCIA   04/15/2007
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:		( ) Change ( ) Addition
Name:	LEOSTAR, INC.,	Name:	
Address:	1250 E HALLANDALE BEACH BLVD 902	Address:	
City-St-Zip:	HALLANDALE, FL 33009	City-St-Zip:	

Title:	( ) Delete	Title:	MGR ( ) Change (X) Addition
Name:		Name:	NICHOLS, GABE
Address:		Address:	210 SOUTH FEDERAL HIGHWAY 300
City-St-Zip:		City-St-Zip:	HOLLYWOOD, FL 33020

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: JAVIER MURCIA   MGMR   04/15/2007
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date