# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 14, 2005**
**Secretary of State**

DOCUMENT# L03000050150

**Entity Name:** LOGISTICS THERAPY OF BROWARD, LLC

**Current Principal Place of Business:**

1852 N. UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1852 N. UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number: 81-0639036** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BARRON, MARIA G
1852 N. UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33322 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/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | VELASQUEZ, JUAN | |
| Address: | 1852 N. UNIVERSITY DRIVE, SUITE A | |
| City-St-Zip: | PLANTATION, FL 33322 | |
| Title: | MGRM | ( ) Delete |
| Name: | BARRON, MARIA G | |
| Address: | 1852 N. UNIVERSITY DRIVE, SUITE A | |
| City-St-Zip: | PLANTATION, FL 33322 | |
| Title: | MGRM | (X) Delete |
| Name: | IVE GROUP THREE, INC, . | |
| Address: | 1852 N. UNIVERSITY DRIVE, SUITE A | |
| City-St-Zip: | PLANTATION, FL 33322 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: MARIA BARRON MGRM 07/14/2005

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