## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000036282

CHMIELARZ, JUDY

1189SW 26TH AVENUE

FT LAUDERDALE, FL 33328 US

Name:

Address:

City-St-Zip:

Entity Name: JUDY LISTENS / REGRESSION THERAPY LLC

FILED Apr 23, 2006 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1189 S.W. 26TH AVENUE FT. LAUDERDALE, FL 33312 US **Current Mailing Address: New Mailing Address:** 1189 S.W. 26TH AVENUE FT. LAUDERDALE, FL 33312 US FEI Number: 20-1122726 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: CHMIELARZ, JUDY 4470 SW 105TH AVENUE DAVIE, FL 33328 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: ADDITIONS/CHANGES: PRES () Delete 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 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: JUDY CHMIELARZ PRES 04/23/2006