

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036552

FILED
Jul 02, 2007
Secretary of State

Entity Name: CENTER FOR CREATIVE COUNSELING, LLC

Current Principal Place of Business:

7300 W. CAMINO REAL, STE. 224
BOCA RATON, FL 33433

New Principal Place of Business:

7000 W. CAMINO REAL, STE. 210
BOCA RATON, FL 33433

Current Mailing Address:

7300 W. CAMINO REAL, STE. 224
BOCA RATON, FL 33433

New Mailing Address:

7000 W. CAMINO REAL, STE. 210
BOCA RATON, FL 33433

FEI Number: 20-1120427 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:

ANDREA, RALPH W
7300 W. CAMINO REAL, STE. 224
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

ANDREA, RALPH W
7000 W. CAMINO REAL, STE. 210
BOCA RATON, FL 33433 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:

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMOS, ALICE A
Address: 7300 W. CAMINO REAL, STE. 224
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMOS, ALICE A
Address: 7000 W. CAMINO REAL, STE. 210
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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: ALICE A. AMOS

MGRM

07/02/2007

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