

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077524

FILED  
Jul 14, 2006  
Secretary of State

Entity Name: ADOPTION MIRACLES, L.L.C.

## Current Principal Place of Business:

619 E. LUMSDEN RD.  
BRANDON, FL 33511

## New Principal Place of Business:

11928 SHELDON ROAD  
110  
TAMPA, FL 33626

## Current Mailing Address:

619 E. LUMSDEN RD.  
BRANDON, FL 33511

## New Mailing Address:

11928 SHELDON ROAD  
110  
TAMPA, FL 33626

FEI Number: 37-1499422      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:

GREENWOOD, MARY L ESQ.  
619 E. LUMSDEN RD.  
BRANDON, FL 33511      US

## Name and Address of New Registered Agent:

MOYA, CAROL C  
PO BOX 636  
OLDSMAR, FL, FL 34677      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: CAROL C. MOYA

07/14/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: HALSNIK, RENEE K LMHC  
Address: 619 E. LUMSDEN RD.  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: HALSNIK, RENEE K LMHC  
Address: 11928 SHELDON ROAD  
City-St-Zip: TAMPA, FL 33626

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: RENEE K HALSNIK

MGR

07/14/2006

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