

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000078721

1. Entity Name
**ALTERNATIVE SOLUTIONS OF THE PALM BEACHES,
LLC**



Principal Place of Business
**11214 MARINA BAY ROAD
WELLINGTON, FL 33467**

Mailing Address
**11214 MARINA BAY ROAD
WELLINGTON, FL 33467**



01192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-3788196 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**PRICE, DENISE
11214 MARINA BAY RD
WELLINGTON, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | CFOP MS. DENISE PRICE 11214 MARINA BAY ROAD WELLINGTON, FL 33467 |
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01/26/07-80017-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Denise Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-19-07 561-333-7739

Date

Daytime Phone #