

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088166

FILED
Apr 28, 2006
Secretary of State

Entity Name: RECOIL ORTHOTICS, LLC

Current Principal Place of Business:

15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOMBS, GERARD S
15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014 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: MGRM () Delete
Name: CFO BUSINESS ADVISOR, S, LLC
Address: 15830 KINGSMOOR WAY STE 100
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM () Delete
Name: COOMBS, CLAUDIA C
Address: 14181 LEANING PINE DR.
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

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 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: CLAUDIA COOMBS

MGMR

04/28/2006

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