
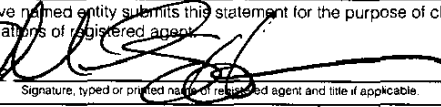
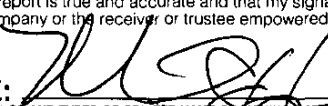


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90156 031 \*\*\*138.75

<b>DOCUMENT # L04000089669</b> 1. Entity Name <b>STEPPING STONE CENTER FOR RECOVERY, LLC</b>			
Principal Place of Business <b>4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>		Mailing Address <b>4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>	
2. Principal Place of Business - No P.O. Box # <b>2701 GATEWAY DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2701 GATEWAY DRIVE</b> Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b>		City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2859105</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03312008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>HELLMAN, MAYNARD J 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2701 GATEWAY DRIVE</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33069</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYNARD, HELLMAN 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TEMOSSE, JOANNE 2531 NW 106TH AVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

50004670

