


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90241 028 \*\*\*\*55.00

DOCUMENT # L05000010713			
1. Entity Name ADVANCED RECOVERY, LLC			
Principal Place of Business 8285 STONE RD APOPKA, FL 32703		Mailing Address 8285 STONE RD APOPKA, FL 32703	
2. Principal Place of Business 218 W. Smith Street Suite, Apt. #, etc.		3. Mailing Address 218 W. Smith Street Suite, Apt. #, etc.	
City & State Winter Garden FL		City & State Winter Garden FL	
Zip 34787	Country USA	Zip 34787	Country USA
6. Name and Address of Current Registered Agent BOLLHOEFER, MONIQUE 8285 STONE RD APOPKA, FL 32703		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 W. Smith Street City Winter Garden FL Zip Code 34787	
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 <i>Monique Bollhoefer</i> MONIQUE BOLLHOEFER		DATE 2/20/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. MONIQUE BOLLHOEFER 218 W. Smith Street Winter Garden FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Monique Bollhoefer</i> MONIQUE BOLLHOEFER		DATE 2/20/06 407 421 8848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

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