

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020011

Entity Name: THERA-PEDS II, LLC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

8259 NORTH MILITARY TRAIL, SUITE 6 & 7
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8259 NORTH MILITARY TRAIL, SUITE 6 & 7
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-2414607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

KNOPP, VICTORIA
8259 NORTH MILITARY TRAIL
STE 6 & 7
PALM BEACH GARDENS, FL 33410 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: VICTORIA KNOPP

01/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNOPP, VICTORIA
Address: 8259 NORTH MILITARY TRIAL, SUITE 6 & 7
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: CARLYLE, LISA
Address: 8259 NORTH MILITARY TRIAL, SUITE 6 & 7
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: VICTORIA KNOPP

MGR

01/13/2006

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