2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050195

City-St-Zip:

Entity Name: PATHWAY TO INDEPENDENCE LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	RANSON CIRCL NT LUCIE, FL 3		US				
Current Mailing Address:				New Mailing Address:			
1849 SE DRANSON CIRCLE PORT SAINT LUCIE, FL 34952 US			2099 SE MADISON ST. STUART, FL 34997 US				
FEI Number:	: 20-3050649	FEI Nur	nber Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
STUART, I	e of Florida.		nis statement for the p	ourpose of changing	its register	red office or registered agent, or both	
Electronic Signature of Registered Agent				ent	Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	OWNE () D HANCOCK, JEFFI 1849 SE DRANSC PORT SAINT LUC	REY A ON CIRC		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D HANCOCK, CARC 1849 SE DRANSC PORT SAINT LUC	LYN A ON CIRC		Title: Name: Address: City-St-Zip:	1849 SE [(X) Change()Addition K, CAROLYN A DRANSON CIRCLE INT LUCIE, FL 34952 US	
Title: Name:	() D	elete		Title: Name:		() Change (X) Addition K, TRACEY L	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: STUART, FL 34997

SIGNATURE: TRACEY HANCOCK CFO 04/20/2009