

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067363

FILED
Apr 30, 2006
Secretary of State

Entity Name: ATLAS RECOVERY CENTERS, L.L.C.

Current Principal Place of Business:

5533 S. ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

5533 S. ORANGE AVENUE
ORLANDO, FL 32809

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:

ANTHONY, CORETTA S
425 W. COLONIAL DRIVE, STE. 104
ORLANDO, FL 32804 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: SMITH, SADAT D.C.
Address: 5533 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: FREEMAN, FREDERIC D.C.
Address: 5533 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREEMAN, FREDERIC
Address: 5533 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32809

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: FREDERIC FREEMAN MGRM 04/30/2006

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