2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067363

Address:

City-St-Zip:

5533 S. ORANGE AVENUE

ORLANDO, FL 32809

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

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5533 S. ORANGE AVENUE ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 5533 S. ORANGE AVENUE ORLANDO, FL 32809 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANTHONY, CORETTA S ANTHONY, CORETTA S 425 W. COLONIAL DRIVE, STE. 104 6000 METROWEST BLVD ORLANDO, FL 32804 ORLANDO, FL 32835 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: 05/01/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition FREEMAN, FREDERIC Name: Name: Address: 5533 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FREEMAN, FREDERIC D.C. Name:

Address:

City-St-Zip:

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.

SIGNATURE: FREDERIC FREEMAN PRES 05/01/2007