

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091586

Entity Name: THERAEX, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

11054 ROSE HILL DRIVE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

3215 PARK BRANCH AVE.  
CLERMONT, FL 34711 US

**Current Mailing Address:**

11054 ROSE HILL DRIVE  
CLERMONT, FL 34711 US

**New Mailing Address:**

3215 PARK BRANCH AVE.  
CLERMONT, FL 34711 US

FEI Number: 20-4610298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: GARAY, MARY A  
Address: 11054 ROSE HILL DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GARAY, MARY A  
Address: 3215 PARK BRANCH AVE.  
City-St-Zip: CLERMONT, FL 34711 US

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: MARY A. GARAY

MGRM

04/28/2006

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