2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000254

Entity Name: THE DRAGONFLY CENTER LLC

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

37809 HOWARD AVENUE DADE CITY, FL 33524

Current Mailing Address: New Mailing Address:

P.O. BOX 183 SAN ANTONIO, FL 33576

FEI Number: 74-3156877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORRIS, ROCHELLE Y
32909 PENNSYLVANIA AVENUE
SAN ANTONIO, FL 33576 US

MORRIS, ROCHELLE Y
32909 PENNSYLVANIA AVENUE
SAN ANTONIO, FL 33576 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: ROCHELLE MORRIS 03/08/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: MORRIS, NORMAN MGR Name: MORRIS, NORMAN MGR

 Address:
 P.O. BOX 183
 Address:
 P.O. BOX 183

 City-St-Zip:
 SAN ANTONIO, FL 33576
 City-St-Zip:
 SAN ANTONIO, FL 33576

Title: MGRM () Delete Title: RA (X) Change () Addition

 Name:
 MORRIS, ROCHELLE
 Name:
 MORRIS, ROCHELLE Y RA

 Address:
 P.O. BOX 183
 Address:
 P.O. BOX 183

City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576

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: ROCHELLE MORRIS RA 03/08/2009