2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# L06000049183

Entity Name: COMMONWEALTH CENTER OF METROWEST, LLC

Current Principal Place of Business:

6107 MEMORIAL HWY., SUITE G
TAMPA, FL 33615

New Principal Place of Business:

13031 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33626

Current Mailing Address:

6107 MEMORIAL HWY., SUITE G
TAMPA, FL 33615

New Mailing Address:

13031 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33626

FEI Number: 16-1759843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAFRANSKY, TIM H
6107 MEMORIAL HWY., SUITE G
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

SAFRANSKY, TIM H
13031 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33626 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: TIM H. SAFRANSKY 03/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COMMONWEALTH DEVELOP, MENT OF FLORID A , LLC
Address: 6107 MEMORIAL HWY., SUITE G
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COMMONWEALTH DEVELOP, MENT OF FLORID A , LLC
Address: 13031 W. LINEBAUGH AVE. SUITE 102
City-St-Zip: TAMPA, FL 33626

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: TIM H. SAFRANSKY MGRM 03/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date