2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L06000077468

Entity Name: LIGHTHOUSE THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

151 EAST WASHINGTON STREET STE 421
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 784341
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 22-3939853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145 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: MGRS ( ) Delete
Name: SOBRAL, ELIANA C
Address: 151 EAST WASHINGTON STREET STE 421
City-St-Zip: ORLANDO, FL 32801

Title: MGRT ( ) Delete
Name: SOBRAL, THIAGO C
Address: 151 EAST WASHINGTON STREET STE 421
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRS (X) Change ( ) Addition
Name: SOBRAL, ELIANA C
Address: PO BOX 784341
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGRT (X) Change ( ) Addition
Name: SOBRAL, THIAGO C
Address: PO BOX 784341
City-St-Zip: WINTER GARDEN, FL 34778

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: THIAGO SOBRAL MGRT 03/15/2007

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