

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102766

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: MYTHERAPYJOURNAL.COM, LLC

**Current Principal Place of Business:**

115 CASTRIES DRIVE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

115 CASTRIES DRIVE  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 11-3793181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALIGORA, NANCY T  
115 CASTRIES DRIVE  
JUPITER, FL 33458 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: DAGASSAN, CHRISTOPHE A  
Address: 115 CASTRIES DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: SACCOMAN, RODOLFO  
Address: 555 NE 15TH STREET APT. 31-K  
City-St-Zip: MIAMI, FL 33132

Title: MGRM ( ) Delete  
Name: SACCOMAN, ALEXIS  
Address: 1207 MELVILLE SQ. APT. 417  
City-St-Zip: RICHMOND, CA 94804

Title: MGRM ( ) Delete  
Name: ELMAN, NOEL  
Address: 350 THIRD STREET, WATERMARK RES. APT. 512  
City-St-Zip: CAMBRIDGE, MA 02142

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: CHRISTOPHE A. DAGASSAN

MGRM

04/19/2008

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