2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025616

Entity Name: PATHWAYS OF FLORIDA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5287 EHRLICH ROAD TAMPA, FL 33625	5121 EHRLICH ROAD SUITE 102A TAMPA, FL 33625

Current Mailing Address:	**New Mailing Address:**
P.O BOX 340067 TAMPA, FL 33694	

FEI Number: 41-2230556   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CROWE, KELLY A LMHC 5202 RIPPLE CREEK DRIVE TAMPA, FL 33625 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: _____

          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:		( ) Change ( ) Addition
Name:	CROWE, KELLY A LMHC		Name:		
Address:	5202 RIPPLE CREEK DRIVE		Address:		
City-St-Zip:	TAMPA, FL 33625		City-St-Zip:		

Title:	MGMR ( ) Delete		Title:		( ) Change ( ) Addition
Name:	CROWE, FORREST H		Name:		
Address:	5202 RIPPLE CREEK		Address:		
City-St-Zip:	TAMPA, FL 33625		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: KELLY A. CROWE   MGMR   05/11/2009
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date