2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2008
Secretary of State

DOCUMENT# L07000063167

Entity Name: KAIZEN RECOVERY CENTER LLC

Current Principal Place of Business:

12505 ORANGE DRIVE
901
DAVIE,, FL 33033

New Principal Place of Business:

12401 ORANGE DR
216
DAVIE,, FL 33330

Current Mailing Address:

4991 SW 161 AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 26-0800869 **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:

GLEMAUD, WANDA B
12505 ORANGE DR
#901
DAVIE, FL US

Name and Address of New Registered Agent:

GLEMAUD, WANDA B
12401 ORANGE DR
216
DAVIE, FL 33330 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: _____ 05/11/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GLEMAUD, WANDA B
Address: 4991 SW 161 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete
Name: GLEMAUD, MURIEL B
Address: 4991 SW 161 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

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: WANDA B GLEMAUD MGR 05/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date