

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106861

FILED
Jun 17, 2009
Secretary of State

Entity Name: COMPREHENSIVE ADDICTION AND REHABILITATION EDUCATION BUILDINGS LLC

Current Principal Place of Business:

321 NORTHLAKE BOULEVARD
SUITE 102
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

321 NORTHLAKE BOULEVARD
SUITE 102
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 26-1273554 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:

WALLICK, MITCHELL E
321 NORTHLAKE BOULEVARD
SUITE 102
NORTH PALM BEACH, FL 33408 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:

Title: MGR () Delete
Name: WALLICK, MITCHELL E
Address: 321 NORTHLAKE BOULEVARD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: WALLICK, AIMEE
Address: 321 NORTHLAKE BOULEVARD
City-St-Zip: NORTH PALM BEACH, FL 33408

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: MITCHELL E. WALLICK

MGR

06/17/2009

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