## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # L07000120453** 02-28-2008 90104 038 \*\*\*143.75 1. Entity Name THE NEW LIFE RECOVERY PLACE, L.L.C. Mailing Address Principal Place of Business 3100 EAST COMMERCIAL BLVD. 60011337 3100 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State クク-*001* 338つ Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATES, JOHN R Street Address (P.O. Box Number is Not Acceptable) 3100 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition TITLE THE RECOVERY PLACE INC. NAME NAME 3100 EAST COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Change **MGRM** ☐ Addition ☐ Delete TITLE TITLE CATES, JOHN R NAME NAME STREET ADDRESS 3100 EAST COMMERCIAL BLVD. STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME fe TransforMATICA, INC. STREET ADDRESS STREET ADDRESS 401 Glenneyre St CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE