

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121579

FILED
Jul 23, 2008
Secretary of State

Entity Name: THERAPIES 4 KIDS NEW JERSEY LLC

Current Principal Place of Business:

4001 N. OCEAN DRIVE
SUITE 305
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4001 N. OCEAN DRIVE
SUITE 305
LAUDERDALE BY THE SEA, FL 33308 US

New Mailing Address:

FEI Number: 20-2288131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERAPIES 4 KIDS, INC.
4001 N. OCEAN DRIVE
SUITE 305
LAUDERDALE BY THE SEA, FL 33308 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: MGR () Delete
Name: PHILLIP, FORMAN
Address: 1 LOCKWOOD RUN
City-St-Zip: COLTS NECK, NJ 07722 US

Title: MGR () Delete
Name: EILEEN, DE OLIVEIRA
Address: 601 NW 96 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024 FL

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: EILEEN DE OLIVEIRA

MGR

07/23/2008

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