

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121579

FILED  
Jan 16, 2009  
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      01/16/2009

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