2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2009
Secretary of State

DOCUMENT# L08000089325

Entity Name: THERAPEUTIC LIVING COMMUNITIES, LLC

Current Principal Place of Business:

13237 NW 15 COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13237 NW 15 COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-3507582 **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:

LONDONO, WILLIAM
13237 NW 15 COURT
PEMBROKE PINES, FL 33028 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: LONDONO, ANA
Address: 13237 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR ( ) Delete
Name: LONDONO, WILLIAM
Address: 13237 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR ( ) Delete
Name: CARTER, GINA
Address: 13237 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR ( ) Delete
Name: CARTER, JEFF
Address: 13237 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM LONDONO MGR 07/19/2009

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