



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000000979		
1. Entity Name ADVANCED RECOVERY CENTER, L.L.C.		
Principal Place of Business 1300 PARK OF COMMERCE BLVD SUITE 200 DELRAY BEACH, FL 33445	Mailing Address 1300 PARK OF COMMERCE BLVD SUITE 200 DELRAY BEACH, FL 33444	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CABELA, CHARLES 1300 PARK OF COMMERCE BLVD SUITE 200 DELRAY BEACH, FL 33445		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		01172007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 65-0898789 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABELA, CHARLES 1300 PARK OF COMMERCE BLVD. #200 DELRAY BEACH, FL 33445	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  2/1/07 (561) 274-7417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		