2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# M07000005449

Entity Name: FUNCTIONAL FAMILY THERAPY LLC

Current Principal Place of Business:

1251 NW ELFORD DRIVE
SEATTLE, WA 981774130

New Principal Place of Business:

Current Mailing Address:

1251 NW ELFORD DRIVE
SEATTLE, WA 981774130

New Mailing Address:

FEI Number: 88-0419448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: ALEXANDER, JAMES F
Address: 4748 ICHABOD ST.
City-St-Zip: HOLLADAY, UT 84117

Title: MGRM ( ) Delete
Name: KOPP, DOUGLAS E
Address: 1611 MCGILVRA BLVD., EAST
City-St-Zip: SEATTLE, WA 98112

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: KOPP, DOUGLAS E
Address: 1251 NW ELFORD DR
City-St-Zip: SEATTLE, WA 98177

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: DOUGLAS E KOPP PRES 04/07/2009

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