


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

Mar 16 1998 8:00 am
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M95000000365
THERAPY VENTURES L.L.C. 7688 MUNICIPAL DRIVE ORLANDO FL 32819	

1a. Principal Place of Business Address
7688 MUNICIPAL DRIVE ORLANDO FL 32819

2. Principal Place of Business	2a. Mailing Address
7684 MILANO DR.	7684 MILANO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
ORLANDO FL.	ORLANDO, FL.
Zip	Zip
32835	32835
Country	Country
USA	USA

3. Date Organized or Qualified	3a. State of Formation
12/14/1995	UT
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
87-0544006	
5. Date of Last Report	6. Certificate of Status Desired
09/22/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
DE LUNA, GUY 7688 MUNICIPAL DRIVE ORLANDO FL 32819

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
7684 MILANO DR.
Suite, Apt. #, etc.
City
ORLANDO
Zip Code
FL 32835

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Guy R. De Luna DATE 03-12-98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FRAZIER, SCOTT	913 SUNBURST ORNE	ALPINE UT
MGRM	DE LUNA, GUY	7688 MUNICIPAL DRIVE	ORLANDO FL

500002463165-2
-03/20/98--01027--004
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Guy R. De Luna GUY R. DE LUNA 03-12-98 (407) 292-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #