

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016081

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** COMPASSIONATE CONNECTION, LLC

**Current Principal Place of Business:**

15711 MAPLEDALE BLVD  
STE E  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

15711 MAPLEDALE BLVD  
STE E  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 59-3758631      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOMS, KELLEY K  
17602 WHISTLING LANE  
LUTZ, FL 33549 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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: TOMS, KELLEY K  
Address: 17602 WHISTLING LANE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KELLEY K. TOMS

MGR

04/29/2005

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