

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 020 ****50.00

0034909

DOCUMENT # L01000016081

1. Entity Name

COMPASSIONATE CONNECTION, LLC



Principal Place of Business

15711 MAPLEDALE BLVD
STE D
TAMPA FL 33624
US

Mailing Address

15711 MAPLEDALE BLVD
STE D
TAMPA FL 33624
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite (E)

Suite, Apt. #, etc.

Suite (E)

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

U.S.

Zip

33624

Country

U.S.



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3758631

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMS, KELLEY K
2261 FLETCHERS POINT CIRCLE
TAMPA FL 33613

** address change only*

7. Name and Address of New Registered Agent

Name: ~~Toms, Kelley K.~~
Street Address (P.O. Box Number is Not Acceptable):
17602 Whistling Lane
City: Lutz, FL 33549 FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	TOMS, KELLEY K	2261 FLETCHERS POINT CIRCLE	TAMPA FL 33613	<i>* address change</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Toms, Kelley K	17602 Whistling Lane	Lutz, FL 33549		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I 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 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: *Kelley K. Toms*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-03

Date

813-334-9108

Daytime Phone #

CR2E083 (10/02)