2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

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Entity Name: MYHYLANDERS ELDERCARE, LLC

Current Principal Place of Business:

4000 HWY. 90 - SUITE G
PACE, FL 32571

New Principal Place of Business:

4000 HWY. 90
SUITE G
PACE, FL 32571

Current Mailing Address:

4000 HWY. 90 - SUITE G
PACE, FL 32571

New Mailing Address:

4000 HWY. 90
SUITE G
PACE, FL 32571

FEI Number: 59-3807375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: MYERS, DOROTHY M
Address: 3651 HIGHWAY 90, SUITE B
City-St-Zip: PACE, FL 32571

Title: MGR ( ) Delete
Name: HYLAND, LYNDA R
Address: 3651 HIGHWAY 90, SUITE B
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete
Name: HYLAND, LYNDA R
Address: 3651 HIGHWAY 90, SUITE B
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete
Name: MYERS, DOROTHY M
Address: 3651 HIGHWAY 90, SUITE B
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MYERS, DOROTHY M
Address: 4000 HIGHWAY 90, SUITE G
City-St-Zip: PACE, FL 32571

Title: MGR (X) Change ( ) Addition
Name: HYLAND, LYNDA R
Address: 4000 HIGHWAY 90, SUITE G
City-St-Zip: PACE, FL 32571

Title: S (X) Change ( ) Addition
Name: HYLAND, LYNDA R
Address: 4000 HIGHWAY 90, SUITE G
City-St-Zip: PACE, FL 32571

Title: T (X) Change ( ) Addition
Name: MYERS, DOROTHY M
Address: 4000 HIGHWAY 90, SUITE G
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY M. MYERS MGR 04/20/2006

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