

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000117

Entity Name: CAREALLIES, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

New Principal Place of Business:

1601 CHESTNUT ST.
PHILADELPHIA, PA 19192

Current Mailing Address:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

New Mailing Address:

1601 CHESTNUT ST.
PHILADELPHIA, PA 19192

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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: MGR () Delete
Name: RADEMACHER, JOHN C
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: MGRM (X) Delete
Name: CONNECTICUT GENERAL, LIFE INSURANCE COMPANY
Address: 900 COTTAGE GROVE RD
City-St-Zip: HARTFORD, CT 06152

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONNECTICUT GENERAL, LIFE INSURANCE COMPANY
Address: 1601 CHESTNUT ST.
City-St-Zip: PHILADELPHIA, PA 19192

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

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: LAURA LOUIS

POA

03/19/2009

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