

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010009

Entity Name: CHILDREN'S CARE PL

FILED  
Feb 22, 2005  
Secretary of State

**Current Principal Place of Business:**

1920 EAST HALLANDALE BEACH BLVD.  
SUITE 504  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2482  
HALLANDALE, FL 33008

**New Mailing Address:**

FEI Number: 65-1033233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANDELBLUM, DIANA  
1920 EAST HALLANDALE BCH. BLVD.  
SUITE #504  
HALLANDALE, FL 33009 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: MGRM ( ) Delete  
Name: AKERMAN, MARCOS  
Address: 7735 NW 23RD ST  
City-St-Zip: HOLLYWOOD, FL 33024

**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: MARCOS AKERMAN

MGMR

02/22/2005

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