

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012014

Entity Name: CARE NETPASS, L.L.C.

FILED
May 05, 2004
Secretary of State

Current Principal Place of Business:

7805 CORAL WAY
SUITE 107
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

PO BOX 1384
MIAMI, FL 331441384

New Mailing Address:

FEI Number: 65-1048474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, ISABELLE
7805 CORAL WAY
SUITE 107
MIAMI, FL 33155 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: DIAZ, ISABELLE
Address: 821 SW 176 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: LA TORRE, ROSA DE
Address: 10261 SW 58 ST
City-St-Zip: MIAMI, FL 33173

Title: MGR () Delete
Name: REGALADO, RICARDO
Address: 1712 SW 103 PLACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

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

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

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: ISABELLE DIAZ

MGR

05/05/2004

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