

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012607

1. Entity Name
HUMAN CARE, L.L.C.



Principal Place of Business
**1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

Mailing Address
**1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1081122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**000000103106
04/05/04-80043-013 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FRANKE, PETER
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE: *P. Franke*

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

Peter Franke

3/29/04

Date

239-549-2444

Daytime Phone #