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Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012607

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

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

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01052005 No Chg-LLC CR2E003 (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

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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: _____ DATE
(Signature, typed or printed name of registered agent and the date of application. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $550.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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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)(i), 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 605, Florida Statutes.

SIGNATURE: P. Franke 4/26/05 239-549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #