
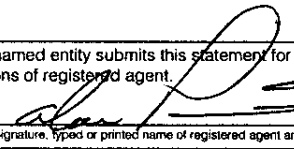
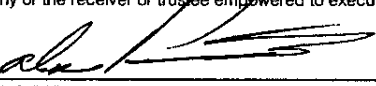


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90346 029 ****50.00

DOCUMENT # L00000015507 1. Entity Name SOUTHWEST FLORIDA CARE GIVERS, L.L.C.			
Principal Place of Business 8695 COLLEGE PKWY. SUITE 358 FT. MYERS, FL 33919		Mailing Address 8695 COLLEGE PKWY. SUITE 358 FT. MYERS, FL 33919	
2. Principal Place of Business 12995 S. Cleveland Ave. Suite 209 Ft. Myers, FL 33907		3. Mailing Address 12995 S. Cleveland Ave. Suite 209 Ft. Myers, FL 33907	
4. FEI Number 113645204 11-3645704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03262004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PEENSTRA, ALAN RENAISSANCE EXECUTIVE SUITES 8695 COLLEGE PKWY., SUITE 358 FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name <u>ALAN PEENSTRA</u> Street Address (P.O. Box Number is Not Acceptable) 12995 S. Cleveland Ave. Suite 209 Ft. Myers, FL 33907 Zip Code _____	
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 <u></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/26/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEENSTRA, ALLEN 8695 COLLEGE PKWY, STE 358 FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER ALAN PEENSTRA 12995 S. CLEVELAND AVE., SUITE 209 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEENSTRA, GLORIA 8695 COLLEGE PKWY, STE 358 FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAFF COORDINATOR GLORIA PEENSTRA 12995 S. CLEVELAND AVE., SUITE 209 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMUNITY LIAISON ANDREA PEENSTRA 12995 S. CLEVELAND AVE., SUITE 209 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
SIGNATURE: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/26/04</u> 239-590-8999 <small>Daytime Phone #</small>	