

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015507

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA CARE GIVERS, L.L.C.

**Current Principal Place of Business:**

12995 S. CLEVELAND AVE.  
SUITE 209  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12995 S. CLEVELAND AVE.  
SUITE 209  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 11-3645704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEENSTRA, ALAN  
12995 S. CLEVELAND AVE.  
FORT MYERS, FL 33907 US

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

PEENSTRA, ALAN L  
12995 S. CLEVELAND AVE.  
FORT MYERS, FL 33907 US

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: ALAN PEENSTRA

04/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: G ( ) Delete  
Name: PEENSTRA, ALLEN  
Address: 12995 S. CLEVELAND AVE., STE. 209  
City-St-Zip: FORT MYERS, FL 33907

Title: SC ( ) Delete  
Name: PEENSTRA, GLORIA  
Address: 12995 S. CLEVELAND AVE., STE. 209  
City-St-Zip: FORT MYERS, FL 33907

Title: CL (X) Delete  
Name: PEENSTRA, ANDREA  
Address: 12995 S. CLEVELAND AVE., STE. 209  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEENSTRA, ALAN L  
Address: 12995 S. CLEVELAND AVE., STE. 209  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM (X) Change ( ) Addition  
Name: PEENSTRA, GLORIA J  
Address: 12995 S. CLEVELAND AVE., STE. 209  
City-St-Zip: FORT MYERS, FL 33907

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: ALAN PEENSTRA

MGR

04/20/2005

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