2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# L00000015507

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

Name and Address of New Registered Agent:

PEENSTRA, ALAN L
12995 S. CLEVELAND AVE.
SUITE 209
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 03/16/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 Chapter 119, 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 03/16/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date