

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90028 002 ****50.00

DOCUMENT # **L01000000076**

Entity Name
MILLCARE, LLC

Principal Place of Business 400 NORTH TAMPA STREET, SUITE 2300 C/O C.A. MOORE TAMPA FL 33602	Mailing Address 400 NORTH TAMPA STREET, SUITE 2300 C/O C.A. MOORE TAMPA FL 33602
--	--



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1151 Shipwatch Circle	3. Mailing Address P.O. Box 20043
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State ST Petersburg FL
Zip 33602	Zip 33742-0043
Country	Country

4. FEI Number 59-3694632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, C.A.
 400 NORTH TAMPA STREET, SUITE 2300.
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Randy Keech 400 North Tampa Street, Suite 2300 Tampa, Florida 33602 <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	Mgr Roy Keech 400 North Tampa Street, Suite 2300 Tampa, Florida 33602 <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	Mgr Mary Keech 400 North Tampa Street, Suite 2300 Tampa, Florida 33602 <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	Mgr Rainier Pichardo 400 North Tampa Street, Suite 2300 Tampa, Florida 33602 <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

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: Roy Keech **SIGNATURE REQUIRED** Roy Keech **SIGNATURE REQUIRED** Roy Keech
 Date 8/2/02 Daytime Phone # 616-399-5953

CR2E083 (9/01)