

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000076

Entity Name: MILLICARE, LLC

FILED  
Jan 16, 2006  
Secretary of State

**Current Principal Place of Business:**

6625 55TH STREET  
ST PETE, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20043  
SAINT PETERSBURG, FL 337420043

**New Mailing Address:**

FEI Number: 59-3694632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KEECH, RANDY  
Address: 1002 ROYAL PASS RD.  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: KEECH, ROY  
Address: 3839 LAKESHORE DR.  
City-St-Zip: HOLLAND, MI 49424

Title: MGR ( ) Delete  
Name: PICHARDO, RAINIER  
Address: 8237 GREENLEAF CIRCLE  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROY E. KEECH

TRES

01/16/2006

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