

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92177 046 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30069455

DOCUMENT # L01000000076

1. Entity Name
MILLCARE, LLC

Principal Place of Business
1151 BRADSHAW CIRCLE
TAMPA, FL 33602

Mailing Address
PO BOX 20043
ST PETERSBURG, FL 33742-0043

2. Principal Place of Business
1002 Royal Pass Rd

Mailing Address
PO Box 20043

City & State
Tampa FL

City & State
St Petersburg FL

4. FEI Number
58-3684632

Applied For
Not Applicable

5. Certificate of Status Desired **\$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

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 agents.

SIGNATURE _____ DATE _____

9. MANAGING MEMBERS / MANAGERS

MANAGING MEMBERS / MANAGERS		ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	KEECH, RANDY 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	KEECH, ROY 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	KEECH, MARY 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	PICHARDO, RAINER 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<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 119.075(1), Florida Statutes. I further certify that the information included 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 600, Florida Statutes.

SIGNATURE: *Randy Keech* 4/25/03 666-399-5953

SEMI-ANNUAL FILING ON PARTIAL NAME OF SHARED MANAGERS INCURRED, MANAGER, OR AN ASSIGNED REPRESENTATIVE

CHECK HERE IF MAKING CHANGES

