

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)

DOCUMENT # L01000000076

1. Entity Name
MILLCARE, LLC

30069455

Principal Place of Business Mailing Address
 1151 BRADSHAW CIRCLE TAMPA, FL 33602
 PO BOX 20043 ST PETERSBURG, FL 33742-0043

2. Principal Place of Business Mailing Address
 1002 Royal Pass Rd PO Box 20043
 Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

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

4. FEI Number Applied For
 58-3684632 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
 Name
 Street Address (P.O. Box Number if Not Applicable)
 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. I am familiar with, and accept the obligations of registered agents.

SIGNATURE _____ DATE _____

8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
MGR	KEECH, RANDY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 NORTH TAMPA STREET SUITE 2300	STREET ADDRESS	1002 Royal Pass Rd
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
MGR	KEECH, ROY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 NORTH TAMPA STREET SUITE 2300	STREET ADDRESS	1002 Royal Pass Rd
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
MGR	KEECH, MARY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 NORTH TAMPA STREET SUITE 2300	STREET ADDRESS	1002 Royal Pass Rd
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
MGR	PICHARDO, RAINER	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 NORTH TAMPA STREET SUITE 2300	STREET ADDRESS	8237 Greenleaf Circle
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	Tampa, FL 33615
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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

