2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# L01000004713

Entity Name: SILVER CARE CONSULTANTS, LLC

Current Principal Place of Business:

NINE CAMELIA ST.
SUITE ONE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

NINE CAMELIA ST.
SUITE ONE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 59-3723264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGLERT, SARALYN
3888 MARINER DR.
GULF BREEZE, FL 32561 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/MEMBERS:

Title: P ( ) Delete
Name: WHITMAN, CAROLYN W
Address: NINE CAMELIA ST., SUITE ONE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WHITMAN, CAROLYN W
Address: NINE CAMELIA ST., SUITE ONE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN WHITMAN MGR 02/11/2004

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