

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004713

FILED
May 15, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ENGLERT, SARALYN
3888 MARINER DR.
GULF BREEZE, FL 32561 US

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: WHITMAN, CAROLYN W
Address: NINE CAMELIA ST., SUITE ONE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN WHITMAN

MNG

05/15/2007

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