2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L01000008540

Entity Name: COMMUNITY CARE RESOURCES, L.C.

Current Principal Place of Business:

14100 PALMETTO FRONTAGE RD
100
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14100 PALMETTO FRONTAGE RD
100
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-1118426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, FRANCISCO
14100 PALMETTO FRONTAGE RD
100
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

VALDES, FRANCISCO P
14100 PALMETTO FRONTAGE RD
100
MIAMI LAKES, FL 33016 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: FRANCISCO VALDES 04/25/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VALDES, FRANCISCO
Address: 14100 PALMETTO FRONTAGE RD
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete
Name: SUAREZ, MARIA C VP
Address: 14100 PALMETTO FRONTAGE RD #100
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VALDES, FRANCISCO P
Address: 14100 PALMETTO FRONTAGE RD #100
City-St-Zip: MIAMI LAKES, FL 33016

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: FRANCISCO VALDES P 04/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date