

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007982

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** RENEW THERAPY HOME CARE I, LLC

**Current Principal Place of Business:**

P.O. BOX 33669  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

2727 N. HWY A1A, #601  
INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O. BOX 33669  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 61-1412372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASQUEZ, ALFREDO  
P.O. BOX 33669  
INDIALANTIC, FL 32903      US

**Name and Address of New Registered Agent:**

VASQUEZ, ALFREDO  
2727 N. HWY A1A, #601  
INDIALANTIC, FL 32903      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: \_\_\_\_\_

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VASQUEZ, ALFREDO  
Address: P.O. BOX 33669  
City-St-Zip: INDIALANTIC, FL 32903

**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 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: ALFREDO VASQUEZ

MGRM

04/24/2007

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