

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90069 016 \*\*\*\*50.00

<b>DOCUMENT # L02000021383</b>					
<b>1. Entity Name</b> IN HOME PERSONAL CARE, LLC					
<b>Principal Place of Business</b> 173 S. SEWALL'S POINT ROAD STUART, FL 34996			<b>Mailing Address</b> 173 S. SEWALL'S POINT ROAD STUART, FL 34996		
<b>2. Principal Place of Business</b> 1485 SE St. Lucie Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1485 SE St. Lucie Blvd Suite, Apt. #, etc.			
<b>City &amp; State</b> Stuart, FL		<b>City &amp; State</b> Stuart, FL		<b>4. FEI Number</b> 03222004 Chg-LLC CR2E083 (10/03) 54-2065971	
<b>Zip</b> 34996		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HOFFLER, OSWALD W JR 173 S. SEWALL'S POINT ROAD STUART, FL 34996			<b>7. Name and Address of New Registered Agent</b> Name: OSWALD W. HOFFLER, JR. Street Address (P.O. Box Number is Not Acceptable): 1485 SE St. Lucie Blvd City: Stuart FL Zip Code: 34996		
<b>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 agent.</b> SIGNATURE: <i>[Signature]</i> <b>3/22/04</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFLER, OSWALD W JR 173 S SEWELLE POINT RD STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSWALD W. HOFFLER, JR. 1485 SE St. Lucie Blvd STUART, FL 34996
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/22/04 772-783-8355</b> <small>Date Daytime Phone #</small>		