

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025500

**FILED**  
**Apr 16, 2004**  
**Secretary of State**

**Entity Name:** ADAMS HOUSE HOME CARE SERVICES, LC

**Current Principal Place of Business:**

3330 SOUTH MACDILL AVENUE  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

4846 STATE RD. 674  
#301  
SUN CITY CENTER, FL 33573 US

**New Mailing Address:**

4846 SUN CITY BLVD  
#301  
SUN CITY CENTER, FL 33573 US

**FEI Number:** 02-0645929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INVESTMENT REAL ESTATE SERVICES, INC.  
1615 WEATHERFORD DRIVE  
SUN CITY CENTER, FL 33573 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:** MGRM ( ) Delete  
**Name:** FUSIA, PATRICIA W MGR  
**Address:** 4846 STATE RD. 674, #301  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FUSIA, PATRICIA W MGR  
**Address:** 4846 SUN CITY CENTER BLVD, # 301  
**City-St-Zip:** SUN CITY CENTER, FL 33573

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:** PATRICIA W FUSIA

MGRM

04/16/2004

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