## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025500

Address:

City-St-Zip:

Entity Name: ADAMS HOUSE HOME CARE SERVICES, LC

FILED Mar 28, 2003 Secretary of State

4846 STATE RD. 674, #301

SUN CITY CENTER, FL 33573

| Current Principal Place of Business:                          |                                  | New Principal Place of Business:   |   |  |
|---|----------------------------------|------------------------------------|---|--|
| 3330 SOUTH MACDILL<br>TAMPA, FL 33629 U                       |                                  |                                    |   |  |
| Current Mailing Address:                                      |                                  | New Mailing Address:               |   |  |
| 4846 STATE RD. 674<br>#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:                 |                                  | Name and Address of                | Name and Address of New Registered Agent: |  |
| INVESTMENT REAL ES<br>1615 WEATHERFORD<br>SUN CITY CENTER, FL | DRIVE                            |                                    |   |  |
| The above named entity in the State of Florida.               | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both     |  |
| SIGNATURE:  |                                  |                                    |   |  |
| Electro   | nic Signature of Registered Ag   | ent                                | Date                                      |  |
| MANAGING MEMBERS/MEMBERS:                                     |                                  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES:                        |  |
| Title: (  | ) Delete                         |                                    | ( ) Change (X) Addition                   |  |

Address:

City-St-Zip:

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 MGMR 03/28/2003