

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000031616

FILED
Apr 29, 2003
Secretary of State

Entity Name: CAREGIVING COMPANIONS LLC

Current Principal Place of Business:

501 LAKESHORE DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

501 LAKESHORE DRIVE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 43-1988703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, JACQUELYN K
501 LAKESHORE DRIVE
LAKE MARY, FL 32746 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WHEELER, JACQUELYN K
Address: 501 LAKESHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR () Change (X) Addition
Name: WHEELER, DEREK V
Address: 501 LAKESHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

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: JACQUELYN K. WHEELER

MGR

04/29/2003

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