

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2007 08:00 A
Secretary of State

DOCUMENT # L03000003345

1. Entity Name
BROWN'S ADULT FAMILY CARE HOME, LLC



Principal Place of Business
**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

Mailing Address
**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**



05222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2319693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, CARON
5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
BROWN, CARON
5946 PAINTED PONY DR
JACKSONVILLE, FL 32244**

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06/01/07-80015-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Caron Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #