

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007125

Entity Name: ALL TOTAL CARE, L.L.C.

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

1414 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1414 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 330T9

New Mailing Address:

FEI Number: 72-1554295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDT, GREGORY M
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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: MGR () Delete
Name: RAKOFF, CAROL
Address: 1414 SOUTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 330T9

Title: MGR () Delete
Name: RAKOFF, LESLIE
Address: 1414 SOUTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 330T9

Title: MGR () Delete
Name: RAKOFF, DAVID
Address: 14145 S POWERLINE RD.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: CAROL RAKOFF

MANG

02/10/2005

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