

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018614

FILED  
Feb 28, 2007  
Secretary of State

Entity Name: CLASSIC CARE FOR YOU, LLC

**Current Principal Place of Business:**

1175 NE 125TH ST  
420  
NORTH MIAMI, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

1175 NE 125TH ST  
420  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 11-3602273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32302 US

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

CHARLTON, ALDER L  
480 NORTH PARKWAY  
GOLDEN BEACH, FL 33160 US

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: CHARLTON L ADLER

02/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURGOS, NYDIA  
Address: 17395 NORTH BAY ROAD @200A  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: TERRY, ADLER  
Address: 17395 NORTH BAY ROAD #200A  
City-St-Zip: NORTH MIAMI, FL 33160

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: NYDIA BURGOS

MGR

02/28/2007

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