

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020781

FILED  
Jan 14, 2006  
Secretary of State

**Entity Name:** PALM BEACH HOME CARE AGENCY LLC

**Current Principal Place of Business:**

1199 SW 4TH ST  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

102 NE 2ND ST.  
384  
BOCA RATON, FL 33432

**New Mailing Address:**

1355 WEST PALMETTO PARK ROAD  
187  
BOCA RATON, FL 33486 US

**FEI Number:** 20-1129215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTON, MARTHA T  
1199 SW 4TH ST.  
BOCA RATON, FL 33486 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: COSTON, MARTHA T ADMINIS  
Address: 102 NE 2ND ST. # 384  
City-St-Zip: BOCA RATON,, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COSTON, MARTHA T ADMINIS  
Address: 1355 WEST PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON,, FL 33486

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: MARTHA T. COSTON

MGR

01/14/2006

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