


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90200 020 ****50.00

DOCUMENT # L03000024068	
1. Entity Name FOSTERING CARE, LLC	

Principal Place of Business 5111 OCEAN BLVD SUITE C SARASOTA FL 34242	Mailing Address 5111 OCEAN BLVD SUITE C SARASOTA FL 34242
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 20-0067223	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCURDY, JEFFREY R 5111 OCEAN BLVD, SUITE F SARASOTA FL 34242	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGILLICUDDY, GRACIELA S 5111 OCEAN BLVD, SUITE C SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Graciela S. McGillicuddy* **GRACIELA S MCGILLICUDDY** 2/20/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #