2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2004 8:00 am Secretary of State

DOCUMENT # L03000027414 1. Entity Name HOME ADVANTAGE PRIVATE HOME HEALTH, LLC									•				_	2 005 **		
Principal Place of Business Mailing Address 1666 KENNEDY CAUSEWAY, STE. 305 NORTH BAY VILLAGE, FL 33141 Morth BAY VILLAGE, FL 33141 Morth BAY VILLAGE,								.*	## ##))) 8 }88	IF 1 IIF (88 1
2. Principal P	lace of Busin	ness	3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01	162004	4	Chg	-LLC	(CR2E	083 (10/	03)	
City & State			City & State				4.	FEI Num	nber	5	5-0	841	14-	7/		olied For Applicable
Zip		Country	Zip	Coun	try			Certifica						\$5.00 Fee Rec		
	6. Name	and Address of Current	Registered Agent					Name a								
CCMANT7	LAMBE	NCEM			Name	1E L	ωw	of.	Hich	E	04 (CRAi	6	M. Do	هب	E PA
SCHANTZ, LAWRENCE M 2601 SOUTH BAYSHORE DRIVE, STE. 1600 MIAMI, FL 33133					Street A	ddress (F	P.O. E	Вох Мил	nber i	is Not	Accept	able)		321		
		,			City	MAIAM	.•	h	ا ا			•	F	Zip	Code	39
8. The above	named entit	v submits this statement for	r the purpose of changing its	register								f Florida		n familiar v	23)	37
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SIGNATURE .		Long	and title if applicable. (NOTE	l-								2.	-19-	-4		
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent signat	ure required	when (einstating)					DATE			
Filing Fee is \$50.00 Due by May 1, 2004																
Fi														payable nent of S		
Fi			RS/MANAGERS	10.					ē	Α	Flo		eparti	ment of S		
Fi Di		y 1, 2004	RS/MANAGERS	10.	<u> </u>	MG	ΣM				Fio	rida De	eparti	ment of S	State	Addition
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indicated on this report is true and accerate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

ND TYPED of printed name of signing managing member, manager, or authorized representativ

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