2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000032632

Entity Name: CARE HOMEMAKER AND COMPANION SERVICES, LLC

Current Principal Place of Business:

1709 SW 101 TERRACE
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

1709 SW 101 TERRACE
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 73-1678284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR SMIKLE, P.A.
18350 NW 2 AVENUE
500
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SMIIKLE, CLAUDINE
1709 SW 101 TERRACE
MIRAMAR, FL 33025 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: CLAUDINE T. SMIKLE 04/29/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SMIKLE, CLAUDINE T
Address: 1709 SW 101 TERRACE
City-St-Zip: MIRAMAR, FL 33025 US

Title: MGRM ( ) Delete
Name: LANGSHAW, DELORES
Address: 18459 NW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33029 US

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 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: CLAUDINE T. SMIKLE MGRM 04/29/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date