## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

**FILED** Apr 27, 2005 08:00 AM Secretary of State

1. Entity Name KEVAL EXQUISITE CARE, LLC	J40285	
Principal Place of Business	Mailing Address	
2631 NW 107TH AVE CORAL SPRINGS, FL 33065-3618	2631 NW 107TH AVE CORAL SPRINGS, FL 33065-3	618



DO NOT WRITE IN THIS SPACE

04222005 No Chg-LLC CR2E083 (10/03)

4, FEI Number		Applied For
56- <u>24</u> 03726	 □	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ilons of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am tantiliar with, and	ассерт
SIGNATURE.	Sgnature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent algnature required when reinstating) 1 DATE	_
	Signature, typed or printed name or registered agent and tale a applicable	(MOLE Districtory Affection advised Aviet (entitional)	
Fi D	iling Fee is \$50.00 ue by May 1, 2005	, <u>0</u> 00000337081	
9.	MANAGING MEMBERS/MANAGERS	<u>04/27/05-80154-008-50.0</u>	][]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, VALLI 2631 NW 107TH AVE CORAL SPRINGS, FL 330653618		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		· · ·	

11. I hereby certify that the information supplied with this filling 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 samplegal 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 is required by Chapter 608, Florida Statutes.

REYNOLDS بيهما SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP