

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042147

FILED
Sep 06, 2006
Secretary of State

Entity Name: AFFECTIONATE HOME CARE LLC

Current Principal Place of Business:

3900 NE 6TH DRIVE
BOCA RATON, FL 33431

New Principal Place of Business:

1926 10TH AVE N
SUITE 205
C, FL 33461

Current Mailing Address:

3900 NE 6TH DRIVE
BOCA RATON, FL 33431

New Mailing Address:

1926 10TH AVE N
SUITE 205
LAKE WORTH, FL 33461

FEI Number: 75-3135634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLIFT, DALE R
3900 NE 6TH DRIVE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

CLIFT, DALE R
1926 10TH AVE N
SUITE 205
LAKE WORTH, FL 33461 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: DALE CLIFT

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AFFECTIONATE HOME HE, ALTH CARE LLC
Address: 3900 NE 6TH DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: CLIFT, DALE R
Address: 3900 NE 6TH DRIVE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AFFECTIONATE HOME HE, ALTH CARE LLC
Address: 1926 10TH AVE N SUITE 205
City-St-Zip: LAKE WORTH, FL 33461

Title: MGR (X) Change () Addition
Name: CLIFT, DALE R
Address: 1926 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

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: DALE CLIFT

MGRM

09/06/2006

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