

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90064 044 \*\*\*138.75

<b>DOCUMENT # L03000054804</b> 1. Entity Name <b>CARE CENTER LLC</b>					
Principal Place of Business <b>434 SW 12TH AVENUE SUITE 103 MIAMI, FL 33130</b>		Mailing Address <b>434 SW 12TH AVENUE 235 SW 80 AVE. SUITE 103 MIAMI, FL 33130-33144</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number <b>01-0803489</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NAPOLES, MARIA J 235 SW 80 AVE. MIAMI, FL 33144</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Maria J. Napoles</i></u> DATE <u>7/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>NAPOLES, MARIA J 235 SW 80 AVE. MIAMI, FL 33144</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Maria J. Napoles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/7/08</u> 305 4455554 <small>Daytime Phone #</small>		

Care Center LLC

434 S.W. 12<sup>th</sup> Ave., Suite #103

Miami, FL 33130

(305) 642-9393 Fax: (305) 642-9996

ATTACHMENT

300/0289

July 7, 2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: L04000058768

As per my conversation with John in the Annual Report Filing Department on July 7, 2008, this Annual Report Filing has been paid for since February 2008. He advised that a signature was missing on line 11 but we were never advised nor any notice was received by mail. As per his request, we have filled out a new form with the needed signature and included this letter notifying you of what had happened. Per his information, this should rectify the current situation and our 2008 Filing will be complete.

Thank you for your attention to this matter

Sincerely,

  
Maria Julia Napoles