## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056758

Entity Name: ANGELS AT HOME CARE LLC

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

408 W. RENFRO ST., SUITE 106 4809 E. BUSCH BLVD PLANT CITY, FL 33563 SUITE 202

TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

408 W. RENFRO ST., SUITE 106 PO BOX 1027

PLANT CITY, FL 33563 PLANT CITY, FL 33564

FEI Number: 59-3775646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, DAVID M 305 W GRANT ST. APT. C-9 PLANT CITY, FL 33563 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DUPREY, MARTIN F
 Name:

 Address:
 408 W. RENFRO ST., SUITE 106
 Address:

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 GREEN, DAVID M
 Name:
 GREEN, DAVID M

 Address:
 408 W. RENFRO ST., SUITE 106
 Address:
 305 W GRANT ST

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:
 APT -C-9, FL 33563

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: DAVID M GREEN MGRM 03/10/2005