2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L04000007182

Entity Name: ALL CARE ENTERPRISES, LLC

Current Principal Place of Business:

2949 BUTLER BAY DRIVE NORTH
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

2949 BUTLER BAY DRIVE NORTH
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-1852257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSLIN, THOMAS A
2949 BUTLER BAY DRIVE NORTH
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM ( ) Delete
Name: GOSLIN, THOMAS A JR.
Address: 2949 BUTLER BAY DRIVE NORTH
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: BROWN, GERALD W
Address: 229 ANTLER COURT
City-St-Zip: CASSELBERRY, FL 32707

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 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: THOMAS A. GOSLIN MGRM 01/11/2008

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