# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 14, 2007**
**Secretary of State**

DOCUMENT# L04000028663

**Entity Name:** PARTNERS HOME CARE LLC

**Current Principal Place of Business:**

1134 A 1ST ST. S.
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

1134 A 1ST ST. S.
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number: 52-2441393** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CONRAD, KIM M
2703 BRUTON ROAD
PLANT CITY, FL 33565 US

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

CONRAD, KIM M
1134 A 1ST STREET SOUTH
WINTER HAVEN, FL 33880 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: KIM CONRAD 03/14/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CONRAD, KIM M
Address: 2703 BRUTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM ( ) Delete
Name: BETZ, RUSSELL C
Address: 1302 NORTHGLEN LANE
City-St-Zip: LAKELAND, FL 33813 US

**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 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: KIM CONRAD MNGR 03/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date