2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
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
1134 A 1ST STREET SOUTH
WINTER HAVEN, FL 33880 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: 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 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: KIMBERLY CONRAD MGRM 03/25/2009

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