2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# L04000057190

Entity Name: CARE SERVICES, LLC

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-1472696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITTEMORE, DONALD H ESQ.
C/O PHELPS DUNBAR LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 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:	MGR	( ) Delete
Name:	GRUENSFELDER, HOWARD H	
Address:	33 WILLOW GLEN NE	
City-St-Zip:	ATLANTA, GA 30342 US	
Title:	MGR	( ) Delete
Name:	GRUENSFELDER, ALBERT L	
Address:	32 WILLOW GLEN NE	
City-St-Zip:	ATLANTA, GA 30342 US	
Title:	MGR	( ) Delete
Name:	GRUENSFELDER, ELEANOR S	
Address:	32 WILLOW GLEN NE	
City-St-Zip:	ATLANTA, GA 30342 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HOWARD H.J. GRUENSFELDER MGR 03/13/2006

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