2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L04000058307

Entity Name: AGE IN PLACE HOMECARE, LLC

Current Principal Place of Business:

14234 ANASTASIA LANE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14234 ANASTASIA LANE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-1462711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MRAZ, JOYCE
14234 ANASTASIA LANE
ORLANDO, FL 32828 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:	MRAZ, JOYCE N.P.	
Address:	14234 ANASTASIA LANE	
City-St-Zip:	ORLANDO, FL 32828	
Title:	MGRM	( ) Delete
Name:	MCBRIDE, KATHRYN	
Address:	14234 ANASTASIA LANE	
City-St-Zip:	ORLANDO, FL 32828	
Title:	MGRM	( ) Delete
Name:	MCBRIDE, MEGAN	
Address:	14234 ANASTASIA LANE	
City-St-Zip:	ORLANDO, FL 32828	

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 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: MEGAN MCBRIDE MGRM 01/25/2008

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