

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90028 039 ****50.00

DOCUMENT # L04000060440 1. Entity Name HELP AT HOME LIMITED LIABILITY COMPANY					
Principal Place of Business 104 W. SENECA AVE, STE. 4 TAMPA, FL 33612			Mailing Address 104 W. SENECA AVE, STE. 4 TAMPA, FL 33612		
2. Principal Place of Business 10549 N. FLORIDA AVE		3. Mailing Address 10549 N. FLORIDA AVE			
Suite, Apt. #, etc. SUITE H		Suite, Apt. #, etc. SUITE H		03032005 Chg-LLC CR2E083 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 75-3066812	
Zip 33612		Country HILLSBRGH		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, BONNIE L 104 W. SENECA AVE, STE. 4 TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10549 N. FLORIDA AVE SUITE H City TAMPA FL Zip Code 33612		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, BONNIE L 104 W. SENECA AVE., STE. 4 TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, BONNIE L 10549 N. FLORIDA AVE STE H TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, JAMES A 104 W. SENECA AVE., STE. 4 TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, JAMES A 10549 N. FLORIDA AVE STE H TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>BONNIE L CRAWFORD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>3/4/05</u> Date		<u>813-931-8335</u> Daytime Phone #