2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066873

1. Entity Name
THE PUMPKIN PATCH HOMECARE CENTER, LLC

Principal Place of Business	Mailing Address
4423 DEAUVILLE WAY PENSACOLA, FL 32505	4423 DEAUVILLE WAY PENSACOLA, FL 32505

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04212006No Chg-LLC CR2E003 (11/05)

4. FEI Number
75-3096228

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, VALERIE K
4423 DEAUVILLE WAY
PENSACOLA, FL 32505

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000548865
05/12/06-80073-020 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HINES,, VALERIE K
STREET ADDRESS	4423 DEAUVILLE WAY
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Valerie K. Hines april 22, 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #