


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 06, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000075053</b>		
1. Entity Name <b>CHILDREN'S QUALITY CARE LLC</b>		
Principal Place of Business <b>2525 HARBOR BLVD SUITE 204 PORT CHARLOTTE, FL 33952 US</b>		Mailing Address <b>2525 HARBOR BLVD SUITE 204 PORT CHARLOTTE, FL 33952 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CHILDREN'S QUALITY CARE 2525 HARBOR BLVD SUITE 204 PORT CHARLOTTE, FL 33952</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature of the individual or entity designated as the Registered Agent, or the Registered Agent's signature representing the entity.</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR CHILDREN'S QUALITY CARE 2525 HARBOR BLVD, SUITE 204 PORT CHARLOTTE, FL 33952</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
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.  <b>SIGNATURE: <i>Alma S. Halgay</i></b> <b>1.27.2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1793223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

1100000423484  
02/18/06-80009-020 50.00