
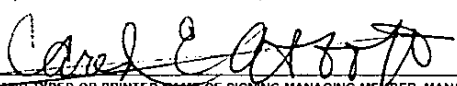


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90213 040 ****50.00

DOCUMENT # L04000092407 1. Entity Name CARING CONNECTIONS LLC					
Principal Place of Business 11437 LAKE NELLIE OAKS BEND CLERMONT FL 34711 US			Mailing Address 11437 LAKE NELLIE OAKS BEND CLERMONT FL 34711 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ABBOTT, CAREN E 11437 LAKE NELLIE OAKS BEND CLERMONT FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ABBOTT, CAREN E 11437 LAKE NELLIE OAKS BEND CLERMONT FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TAYLOR, TIFFANY C P. O. BOX 383 GOTHA FL 34734 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			3/4/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					