2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L04000093616

Entity Name: FLORIDA'S BEST HOME HEALTH, LLC

Current Principal Place of Business:

6555 NW 36 STREET, #110
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6555 NW 36 STREET, #110
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMENECH, LIZA M
6555 NW 36 STREET, #110
VIRGINIA GARDENS, FL 33166 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: MGRM ( ) Delete
Name: DOMENECH, LIZA M
Address: 12306 NW 10 LANE
City-St-Zip: MIAMI, FL 33182

Title: MGRM ( ) Delete
Name: GAMEZ, EURYS
Address: 3301 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOMENECH, LIZA M
Address: 2325 SW 19 STREET
City-St-Zip: MIAMI, FL 33145

Title: MGRM (X) Change ( ) Addition
Name: GAMEZ, EURYS
Address: 1831 SW 25 AVENUE
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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: LIZA M DOMENECH MGRM 04/18/2006

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