2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000066307

Entity Name: ASSISTED ADULT CARE, LLC

Current Principal Place of Business:

6649 EMERALD LAKE DRIVE
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6649 EMERALD LAKE DRIVE
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 56-2521805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: CAREY, CARL
Address: 6649 EMERALD LAKE DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: MGR (X) Delete
Name: CAREY, NADECHA
Address: 6649 EMERALD LAKE DRIVE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CAREY, CARL M PRES
Address: 6649 EMERALD LAKE DR
City-St-Zip: MIRAMAR, FL 33023 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARL CAREY PRES 04/28/2006

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