

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067583

Entity Name: IVY CARE LLC

FILED  
Apr 12, 2006  
Secretary of State

**Current Principal Place of Business:**

16347 IVY LAKE DR  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

16347 IVY LAKE DR  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 86-1164012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGBAGLUD, TEODULO  
16347 IVY LAKE DR  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

CHUA, ANAFEL  
16347 IVY LAKE DR  
ODESSA, FL 33556 US

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: ANAFEL CHUA

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AGBAGLUD, TEODULO  
Address: 16347 IVY LAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AGBAGLUD, TEODULO  
Address: 16347 IVY LAKE DR  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Change (X) Addition  
Name: CHUA, ANAFEL  
Address: 16347 IVY LAKE DR  
City-St-Zip: ODESSA, FL 33556 US

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: ANAFEL CHUA

MGR

04/12/2006

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