2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # L05000078608 1. Entity Name COMFORT CARE LLC					04-27-2006 90021 047 ****55.00			
Principal Place of Business 5035 FAIRWAY CIRCLE STE 303 VERO BEACH, FL 32967 Mailing Address 5035 FAIRWAY CIRCLE STE 303 VERO BEACH, FL 32967				1 (18)(1) 6				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202006	Chg-LLC	CR2E083 (11/	05)	
City & State		City & State		4. FEI Numb	299175	55	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$5.00 Fee Rec	Additional quired
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Re	egistered Agent	
DOYLE, ELIZABETH 🗽 5035 FAIRWAY CIRCLE STE 303				Name Street Addres	ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)		
	ACH, FL 32967				·		<u></u>	
		ļ	City			FL Zip	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or regis	stered agent, or bo	th, in the State of Flor	rida. I am familiar v	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if coolieable (NOTE	E: Benistared	Appel signature requi			DATE	
Filing Fee is \$50.00 Due by May 1, 2006		io like ii appacable. (NOTE	c. negistereo	Agorii signature redu	ired when reinstating)		DATE	
Fi	iling Fee is \$50.00	поте	c. negisialeo	Age it signature requ	ured when reinstating)		e check payable Department of S	
9	iling Fee is \$50.00		10.	Agorii signatule lequ	ured when reinstating)		e check payable Department of S	
D:	iling Fee is \$50.00 ue by May 1, 2006	S/MANAGERS	10. TITLE NAME STREE		ired when reinstating)	Florida	e check payable Department of S	State
9. FITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR DOYLE, ELIZABETH 5035 FAIRWAY CIRCLE STE 303	S/MANAGERS Delete	10. TITLE NAME STREE CITY-: TITLE NAME	T ADDRESS ST-ZIP T ADDRESS	ared when reinstating)	Florida	e check payable Department of S	nge Addition
9. FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR DOYLE, ELIZABETH 5035 FAIRWAY CIRCLE STE 303 VERO BEACH, FL 32967 MGRM EBERHARDY, MARY JO 5035 FAIRWAY CIRCLE STE 303	S/MANAGERS Delete	10. TITLE NAME STREE CITY-! TITLE NAME STREE CITY-! TITLE NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinslating)	Florida	e check payable Department of S CHANGES	State Addition age Addition
9. FITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR DOYLE, ELIZABETH 5035 FAIRWAY CIRCLE STE 303 VERO BEACH, FL 32967 MGRM EBERHARDY, MARY JO 5035 FAIRWAY CIRCLE STE 303	S/MANAGERS Delete Delete	10. TITLE NAME STREE CITY-! TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ired when (einsiating)	Florida	e check payable Department of \$ CHANGES Char	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR DOYLE, ELIZABETH 5035 FAIRWAY CIRCLE STE 303 VERO BEACH, FL 32967 MGRM EBERHARDY, MARY JO 5035 FAIRWAY CIRCLE STE 303	S/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY-! TITLE NAME STREE CITY-! TITLE NAME STREE! CITY-! TITLE NAME STREE! NAME STREE! TITLE NAME STREE! TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinsiating)	Florida	check payable Department of \$ CHANGES Char	state Addition

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.

SIGNATURE: NTED MAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE