2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# L05000080466

Entity Name: RETIRE AT HOME SENIOR CARE, LLC

Current Principal Place of Business:

1015 ATLANTIC BLVD.
SUITE 322
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

1015 ATLANTIC BLVD.
SUITE 322
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 20-3307917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, JANE
1015 ATLANTIC BLVD.
SUITE 130
ATLANTIC BEACH, FL 32233 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: MITCHELL, JANE
Address: 1015 ATLANTIC BLVD. SUITE 130
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM ( ) Delete
Name: MITCHELL, ALMONT
Address: 142 N. MAIN ST
City-St-Zip: SPARTA, TN 38583 US

ADDITIONS/CHANGES:

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

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: JANE MITCHELL OWNE 03/01/2006

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