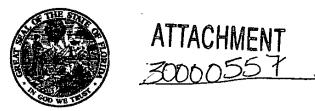
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 15, 2006 8:00 am Secretary of State 01-20-2006 90052 030 \*\*\*\*50.00

1/2

1. Entity Name LAKE CENTRE HOME CARE, LLC						01-20-20	JOO 9003.	2 030	30.00
Principal Plac	e of Business	Mailing Address			1	· -			
600 NORTH BOULEVARD WEST Suite B Leesburg, FL 34748 US		P.O. BOX 491654 LEESBURG, FL 34749 US							
·									
2. Principal Place of Business		3. Mailing Address						L IUM DURK DI	AARI NI ILLU
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E08:	3 (11/05)	
City & State		City & State			4. FEI Numb	3575237			pplied For of Applicable
Zip	Country	Zip	Zip Country		1	of Status Desired		5.00 Adv	ditional
	5. Name and Address of Current	Registered Agent			7. Name an	d Address of New Ro			
GOLDSTE	IN, GERALD	Name							
2918 COC	OVIA WAY	Street Address			(P.O. Box Number is Not Acceptable)				
LEESBUR	G, FL 34748								
		City			FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or or					red agent, or b	xh, in the State of Flo	rida. Lam lar	niliar with,	and accept
the obligation of the street o	lions of registered agent.								<u>_</u>
	Signature, typed or printed name of registered agent in	and hite if applicable. (NOTE	Registere	d Apent signature required	d when rensisting)		DATE		<del></del>
F D	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State				
9.	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/			
TITLE .	MGRM : GOLDSTEIN, GERALD	☐ Delete	TITLE	· I			Ĺ	_] Change	Addition
STREET ADDRESS	2918 COCOVIA WAY			ET ADORESS					
CITY-ST-ZIP	LEESBURG, FL 34748	☐ Delete	TITLE	-S1-20P		**		Chance	☐ Addition
NAME	GOLDSTEIN, ROBERT J	C Descrit	NAM					conside	C) votron
STREET ADORESS CITY-ST-ZEP	33210 COVENTRY DRIVE LEESBURG, FL 34788			ET ADDRESS - ST - ZIP					
TITLE	MGRM	Delete	Title			· · · · · · · · · · · · · · · · · · ·	E	Change	Addition
NAME	BLAQUIER, ANDRE D		NAMI	· }			_		
STREET ADDRESS CITY-ST-ZIP	2950 SE 157 LANE ROAD SUMMERFIELD, FL 34491			ET ADORESS -ST-ZIP					
_III15		Detels	tijle					Change	Addition
NAME STREET ADDRESS			MAAC	E Et address					
CITY-ST-ZP				-51-219					
TITLE		Ocicle	TITLE	I				Change	☐ Addition
NAME STREET ADDRESS	1		STRE	ET ADORESS					
CITY-ST-8P			CITY	-S1-ZIP	_ • •	· <del></del>			
RITLE NAME		☐ Delete	TITLE				C	Change	Addition
STREET ADDRESS CITY-ST-21P			STRE	ET ADORESS -SI-ZIP					
11. I hereby indicated	Learning that the information supplied with on this report is true and accurate and ability company or the receiver or trustee.	that my signature shall have I	the exer	mptions contained legal effect as if n	nade under oat	n; that I am a managi			
	III	// Q///	95		1-5		2>	787	.9>
SIGNATURE: 1-5-06 (\$52) 787-9300 BIONATURE AND TYPED OR PRINTED HAME OF BIGHING MANAGENG MEMBER MANAGER, OF AUTHORIZED REPRESENTATIVE DIE Deptime Prove 8									



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2006

LAKE CENTRE HOME CARE, LLC P.O. BOX 491654 LEESBURG, FL 34749 US

Subject: LAKE CENTRE HOME CARE, LLC

Reference Number:

L05000096300

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

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