2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000111175

Entity Name: GOLDEN CARE HOME HEALTH AGENCY "LLC"

Current Principal Place of Business:

1543 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1543 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 01-0850287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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: BROOMFIELD, CONROY A
Address: 3465 SLEEPY HILL OAKS STREET
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM ( ) Delete
Name: BROOMFIELD, MICHELLE
Address: 3465 SLEEPY HILL OAKS STREET
City-St-Zip: LAKELAND, FL 33810 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: CONROY BROOMFIELD MR. 04/26/2006

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