

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002583

Entity Name: HB CARE SERVICES, LLC

FILED  
Apr 13, 2006  
Secretary of State

**Current Principal Place of Business:**

7241 MESA ST.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

7501 LYNCREST ST  
NORTH PORT, FL 34287

**Current Mailing Address:**

7241 MESA ST.  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

BROWN, SHARLENE  
7241 MESA ST.  
NORTH PORT, FL 34287    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:                      BROWN, SHARLENE  
Address:                      7241 MESA ST.  
City-St-Zip:                      NORTH PORT, FL 34287

Title:                      MGRM                      ( ) Delete  
Name:                      HALEY, SYLVIA  
Address:                      7241 MESA ST.  
City-St-Zip:                      NORTH PORT, FL 34287

Title:                      MGR                      ( ) Delete  
Name:                      MOODIE, JOY  
Address:                      10129 FIELDSTONE COURT  
City-St-Zip:                      CHARLOTTE, NC 28269

**ADDITIONS/CHANGES:**

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

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: SHARLENE BROWN                      MGRM                      04/13/2006

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