## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009452

Entity Name: COMPUTERCARE, LLC

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9590 SW 98TH AVE 4566 NW 5TH BLVD

GAINESVILLE, FL 32608 US SUITE N

GAINESVILLE, FL 32609 US

Current Mailing Address: New Mailing Address:

7257 NW 4TH BLVD #141

GAINESVILLE, FL 32607 US

FEI Number: 04-3842231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

REMER, MICHAEL E
7257 NW 4TH BLVD
#141

REMER, MICHAEL E
9590 SW 98TH AVE
GAINESVILLE, FL 32608 US

GAINESVILLE, FL 32607 US

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: MICHAEL REMER 01/07/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 REMER, MICHAEL E
 Name:
 REMER, MICHAEL E

 Address:
 7257 NW 4TH BLVD; #141
 Address:
 9590 SW 98TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32607 US
 City-St-Zip:
 GAINESVILLE, FL 32608 US

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

 Name:
 Name:
 SNEAD, PATRICK A

 Address:
 Address:
 100 NE 9TH STREET; APT. B

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E. REMER MGR 01/07/2008