2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# L06000012720

Entity Name: TLC ELDERCARE LLC

Current Principal Place of Business:

9911 CHELSEA LAKE RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9911 CHELSEA LAKE RD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 76-0757783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANA, SHOAB M
9911 CHELSEA LAKE RD
JACKSONVILLE, FL 32256 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: RANA, M. SHOAB
Address: 9911 CHELSEA LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete
Name: RANA, HAMID J
Address: 9911 CHELSEA LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete
Name: RANA, ATIF N
Address: 1 QUISSETT HARBOR ROAD
City-St-Zip: FALMOUTH, MA 02540

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: RANA, ATIF N
Address: 9911 CHELSEA LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

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: M. SHOAB RANA MGRM 02/05/2007

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