

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019380

Entity Name: CAREPRO LLC

FILED
Jan 12, 2008
Secretary of State

Current Principal Place of Business:

4364 S. ATLANTIC AVE.
PONCE INLET, FL 32127

New Principal Place of Business:

3730 PAIGE ST
PORT ORANGE, FL 32129

Current Mailing Address:

3730 S. PAIGE ST
PORT ORANGE, FL 32127

New Mailing Address:

P.O BOX 290362
PORT ORANGE, FL 32129

FEI Number: 76-0821044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAPP, ROLLEY B
4364 S. ATLANTIC AVE
PONCE INLET, FL 321276939 US

Name and Address of New Registered Agent:

CLAPP, ROLLEY B
3730 PAIGE ST
PORT ORANGE, FL 32129 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:

01/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAPP, ROLLEY B
Address: 4364 S. ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 321276939 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: CLAPP, ROLLEY B
Address: 4364 S. ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 321276939 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: ROLLEY B. CLAPP

CEO

01/12/2008

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