


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 014 \*\*\*138.75

DOCUMENT # L06000022151	
1. Entity Name PREMIER CARE HOME CARE, L.L.C.	

Principal Place of Business 124 SOUTH FLORIDA STREET BUSHNELL, FL 33513	Mailing Address 124 SOUTH FLORIDA STREET BUSHNELL, FL 33513
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2. Principal Place of Business - No P.O. Box # 426 N. 3rd St.	3. Mailing Address 426 N. 3rd St.
Suite, Apt. #, etc. C	Suite, Apt. #, etc. C

City & State Leesburg, FL	City & State Leesburg, FL
Zip 34748	Country USA
Zip 34748	Country USA



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4448771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  GERGES, BAHAA 124 SOUTH FLORIDA STREET BUSHNELL, FL 33513
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <u>Bahaa Gerges, CFO</u>	DATE <u>1/11/08</u>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERGES, BAHAA 124 SOUTH FLORIDA STREET BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: <u>Bahaa Gerges P.T.</u>	DATE: <u>1/11/08</u>	DAYTIME PHONE: <u>352-365-7880</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>