2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# L06000022973

Entity Name: HOWARD WRIGHT HOME CARE L.L.C.

Current Principal Place of Business:

10400 S. TAMIAMI TRAIL
LOT 41
VENICE, FL 34287 US

New Principal Place of Business:

8189 EGGLESTOM AVE
NORTH PORT, FL 34286 US

Current Mailing Address:

10400 S. TAMIAMI TRAIL
LOT 41
VENICE, FL 34287 US

New Mailing Address:

PO BOX 293
ENGLEWOOD, FL 34295 US

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

Name and Address of Current Registered Agent:

BROWN, NOEL
1872 TAMIAMI TRAIL SOUTH
SUITE G
VENICE, FL 34293 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: WRIGHT, HOWARD
Address: 10400 S. TAMIAMI TRAIL LOT 41
City-St-Zip: VENICE, FL 34287 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WRIGHT, HOWARD
Address: 8189 EGGLESTOM AVE
City-St-Zip: NORTH PORT, FL 34286 US

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: HOWARD WRIGHT MGRM 04/01/2007

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