2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027116

ROSENFELD, JASON M

MIAMI, FL 33186

12471 SW 130TH ST SUITE B 10

Name:

Address:

City-St-Zip:

Entity Name: TOTAL CARE FINANCIAL MANAGEMENT SERVICES LLC

FILED Jan 30, 2007 Secretary of State

Current P	rincipal Pla	ce of Business:	New Prince	New Principal Place of Business:		
12471 SW SUITE B 9 MIAMI, FL						
,	ailing Addı	ress:	New Maili	New Mailing Address:		
12471 SW SUITE B 9 MIAMI, FL						
FEI Number:	20-4493200	FEI Number Applied For () FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Age	nt: Name and	Name and Address of New Registered Agent:		
12471 SW SUITE B 9 MIAMI, FL The above	332186 US	3	r the purpose of changing	its registered	d office or registered agent, or both	
SIGNATUR	RE:					
	Electi	onic Signature of Registere	ed Agent	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR ROSENFELI 12471 SW 1 MIAMI, FL 3	30TH ST SUITE B 9	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENFELI	() Delete D, HEATHER A 30TH ST SUITE B 10 3186	Title: Name: Address: City-St-Zip:	ROSENFELI 12471 SW 1	30TH ST SUITE B 10	
Title:	MGRM	(X) Delete	Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY B ROSENFELD MGR 01/30/2007