2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000027846

Entity Name: CENTRAL FLORIDA SENIOR HOME CARE SERVICES, LLC

Current Principal Place of Business:

3617 CROSLEY AVENUE
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3617 CROSLEY AVENUE
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-4521751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIKES, RONALD W ESQ
1000 EAST ROBINSON STREET STE A
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: HOGAN, EDWARD J MR
Address: 3617 CROSLEY AVE
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MEMB ( ) Change (X) Addition
Name: HOGAN, KATHLEEN B MRS
Address: 3617 CROSLEY AVE
City-St-Zip: SAINT CLOUD, FL 34772 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: EDWARD HOGAN MGR 04/26/2007

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