# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 28, 2007**
**Secretary of State**

DOCUMENT# L06000034388

**Entity Name:** CARING PARTNERS HOME CARE AGENCY, LLC

**Current Principal Place of Business:**

3121 WEST HALLANDALE BEACH BLVD.
SUITE 107
PEMBROKE PARK, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

3121 WEST HALLANDALE BEACH BLVD.
SUITE 107
PEMBROKE PARK, FL 33009

**New Mailing Address:**

**FEI Number: 20-4616243** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINGER, BERNARD A ESQ
3107 STIRLING ROAD
SUITE 105
FT. LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

PATTERSON, MAUREEN
6300 SW 35TH COURT
MIRAMAR, FL 33023 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: MAUREEN PATTERSON 03/28/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: PRESTWIDGE, MAUREEN
Address: 3121 WEST HALLANDALE BEACH BLVD. STE. 107
City-St-Zip: PEMBROKE PARK, FL 33009

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: PATTERSON, MAUREEN
Address: 3121 WEST HALLANDALE BEACH BLVD. STE. 107
City-St-Zip: PEMBROKE PARK, FL 33009

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: MAUREEN PATTERSON PRES 03/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date