

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034388

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: CARING PARTNERS HOME CARE AGENCY, LLC

**Current Principal Place of Business:**

8890 W OAKLAND PARK BLVD, STE 200  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8890 W OAKLAND PARK BLVD, STE 200  
SUNRISE, FL 33351

**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:**

PATTERSON, MAUREEN  
6300 SW 35TH COURT  
MIRAMAR, FL 33023 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: MGR ( ) Delete  
Name: PATTERSON, 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: 8890 W OAKLAND PARK BLVD SUITE 200  
City-St-Zip: SUNRISE, FL 33351

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: MAUREEN M PATTERSON

MGR

03/21/2009

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