


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 003 ****55.00

DOCUMENT # L06000034959 1. Entity Name AMANDA'S HOUSE CARE LLC																													
Principal Place of Business 6 PINE RIDGE TRACE DESTIN, FL 32541			Mailing Address 6 PINE RIDGE TRACE DESTIN, FL 32541																										
2. Principal Place of Business - No P.O. Box # 6 PINE RIDGE TRACE		3. Mailing Address 6 PINE RIDGE TRACE																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State DESTIN, FL.		City & State DESTIN, FL.		4. FEI Number 20-4640688																									
Zip 32541		Country OKALOOSA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent BROWN, ALEXANDRA 308 SAND MYRTLE TRAIL DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																											
8. 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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MGRM BELCHER, AMANDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6 PINE RIDGE TRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	MGRM BELCHER, AMANDA		STREET ADDRESS	6 PINE RIDGE TRACE		CITY-ST-ZIP	DESTIN, FL 32541		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Amanda Belcher</u> 2-22-07 850-598-5351 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													