


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-04-2007 90038 033 ***150.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30006042

DOCUMENT # L06000036040			
1. Entity Name SELF-CARE TEACHING, LLC			
Principal Place of Business 3571 NW 85TH WAY - APT 101 SUNRISE, FL 33351		Mailing Address 3571 NW 85TH WAY - APT 101 SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4832849		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRISON, ARLENE 3571 NW 85TH WAY - APT 101 SUNRISE, FL 33351		Name: Arlene Morrison, Self-Care Street Address (P.O. Box Number is Not Acceptable): Teaching LLC 3571 NW 85 Way, Apt 101 City: Sunrise FL Zip Code: 33351	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		If NOTE: Registered Agent signature required when reissuing)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, ARLENE 3571 NW 85TH WAY - APT 101 SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Arlene Morrison		3/20/07 954 254 4952	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	