

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051912

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FAMILY CARE OF CYPRESS CREEK LLC

## Current Principal Place of Business:

1942 HIGHLAND OAKS BLVD  
SUITE A  
LUTZ, FL 33559

## New Principal Place of Business:

26827 FOGGY CREEK ROAD  
BLD #6 SUITE 101A  
WESLEY CHAPEL, FL 33544

## Current Mailing Address:

1942 HIGHLAND OAKS BLVD  
SUITE A  
LUTZ, FL 33559

## New Mailing Address:

26827 FOGGY CREEK ROAD  
BLD #6 SUITE 101A  
WESLEY CHAPEL, FL 33544

FEI Number: 75-3218560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSEQUIST, LINDA C  
1942 HIGHLAND OAKS BLVD  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

ROSEQUIST, LINDA C  
26827 FOGGY CREEK ROAD  
BLD #6 SUITE 101A  
WESLEY CHAPEL, FL 33544 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: LINDA C ROSEQUIST CMM

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROSEQUIST, LINDA C  
Address: 1942 HIGHLAND OAKS BLVD  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROSEQUIST, LINDA C  
Address: 26827 FOGGY CREEK ROAD  
City-St-Zip: BLD #6 SUITE 101A, FL 33544

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: LINDA C ROSEQUIST, CMM

MM

03/24/2009

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