

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057159

FILED
Jul 20, 2007
Secretary of State

Entity Name: COASTAL OAKS HOMECARE SERVICES LLC

Current Principal Place of Business:

5111 S. RIDGEWOOD AVE.
SUITE 202
PORT ORANGE, FL 32127

New Principal Place of Business:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127

Current Mailing Address:

5111 S. RIDGEWOOD AVE.
SUITE 202
PORT ORANGE, FL 32127

New Mailing Address:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YATES, COLIN
5111 S. RIDGEWOOD AVE.
SUITE 202
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

YATES, COLIN
5652 ISABELLE AVENUE
PORT ORANGE, FL 32127 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:

07/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YATES, COLIN
Address: 5111 S. RIDGEWOOD AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: YATES, SANDRA
Address: 5111 S. RIDGEWOOD AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: DUCKWORTH, SHAHNTAY
Address: 5111 S. RIDGEWOOD AVE.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YATES, COLIN
Address: 5652 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: YATES, SANDRA
Address: 5652 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: DUCKWORTH, SHAHNTAY
Address: 5652 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

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: SANDRA E. YATES

MGRM

07/20/2007

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