2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087491

Entity Name: CARING ANGELS, LLC

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8421 S ORANGE BLOSSOM TRAIL 6220 S ORANGE BLOSSOM TRAIL

SUITE 206 SUITE 194

ORLANDO, FL 32809 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8421 S ORANGE BLOSSOM TRAIL 6220 S ORANGE BLOSSOM TRAIL

SUITE 206 SUITE 194 ORLANDO, FL 32809

ORLANDO, FL 32809

FEI Number: 20-5500586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

METZLER, BRENT ACCOUNT METZLER, BRENT ACCOUNT 420 SOUTH ORANGE AVENUE 215 CELEBRATION PLACE SUITE 170 SUITE 500

CELEBRATION, FL 34747 US ORLANDO, FL 32801 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: BRENT METZLER 01/05/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

COCHRAN, GARY J Name: Name: Address: 9473 WALNUT CREST DRIVE Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: COCHRAN, JENNEFER R Name: Address: 9473 WALNUT CREST DRIVE Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip:

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: GARY COCHRAN **PRES** 01/05/2008