

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091931

FILED
Feb 16, 2007
Secretary of State

Entity Name: A BETTER ALTERNATIVE HOME CARE, LLC

Current Principal Place of Business:

2405 NORTH HIGHWAY 441
BUILDING #2
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

2405 NORTH HIGHWAY 441
BUILDING #2
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 20-5944835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM
13710 U.S. HIGHWAY 441
SUITE 100
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLER, SHELLEY L
Address: 9442 CR 125C
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM () Delete
Name: RUFF, ROSE A
Address: 112 SPRING HARBOR LANE
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THE MILLHORN LAW FIRM

RA

02/16/2007

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