

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092582

Entity Name: SIGNATURE CARE, LLC

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

2705 ROBIE AVE  
SUITE A  
MOUNT DORA, FL 32757 US

## Current Mailing Address:

P O BOX 911  
MOUNT DORA, FL 327560911 US

## New Principal Place of Business:

2705 ROBIE AVE  
SUITE 100  
MOUNT DORA, FL 32757 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANGELISTA, CAESAR  
2705 ROBIE AVE  
SUITE A  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

EVANGELISTA, CAESAR  
2705 ROBIE AVE  
SUITE 100  
MOUNT DORA, FL 32757 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: CAESAR EVANGELISTA

04/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: EVANGELISTA, CAESAR C  
Address: 2705 ROBIE AVE, SUITE 100  
City-St-Zip: MOUNT DORA, FL 32757

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: CAESAR EVANGELISTA

MGR

04/11/2007

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