

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90027 009 \*\*\*138.75

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000046795</b><br>1. Entity Name<br><b>DE JAY'S ADULT CARE LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>700 NW 65TH AVE<br/>PLANTATION, FL 33317</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                              | Mailing Address<br><b>700 NW 65TH AVE<br/>PLANTATION, FL 33317</b> |                                                                                                                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | 3. Mailing Address                                           |                                                                    |                                                                                                                                                              |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Suite, Apt. #, etc.                                          |                                                                    |                                                                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | City & State                                                 |                                                                    | 04242008    Chg-LLC    CR2E083 (12/06)                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Country                                                      |                                                                    | 4. FEI Number<br><b>26-0167435</b>                                                                                                                           |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Country                                                      |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                              |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ERICKSON, CARL<br/>1051 NW 107TH AVE<br/>PLANTATION, FL 33322</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                              |                                                                    | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <b>Make check payable to<br/>Florida Department of State</b> |                                                                    |                                                                                                                                                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                              |                                                                    | 10. ADDITIONS/CHANGES                                                                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>FRECKLETON, AUTHEIL<br>700 NW 65TH AVE<br>PLANTATION, FL 33317     |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>TAYLOR, CLAUDINE<br>3900 BOULDER CREEK ROAD<br>SNELVILLE, GA 30039 |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                            |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                            |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                            |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                            |                                                              |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                              |                                                                    |                                                                                                                                                              |                                                                   |