

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087493

FILED
Apr 28, 2008
Secretary of State

Entity Name: NAUTACARE LLC

Current Principal Place of Business:

203 BEACHVIEW DRIVE
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

203 BEACHVIEW DRIVE
FT. WALTON BEACH, FL 32547

New Mailing Address:

203 BEACHVIEW DRIVE
FT. WALTON BEACH, FL 32547 28

FEI Number: 22-3968004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: POWELL, DANIEL E
Address: 203 BEACHVIEW DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGR () Delete
Name: POWELL, GENEVIEVE
Address: 203 BEACHVIEW DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: S () Delete
Name: POWELL, GENEVIEVE
Address: 203 BEACHVIEW DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

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

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 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: DANIEL E. POWELL

MGR

04/28/2008

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