

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089448

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** CARE PARTNERS HOME CARE LLC

**Current Principal Place of Business:**

11301 CORPORATE BLVD  
SUITE 101  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

1025 S. SEMORAN BLVD.  
SUITE 207  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

13001 FOUNDERS SQUARE, SUITE 200  
ORLANDO, FL 32838 US

**New Mailing Address:**

845 THIRD AVE., 7TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 26-0815856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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  
Name: SENIORBRIDGE FAMILY COMPANIES (FL), INC.  
Address: 580 VILLAGE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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: ERIC RACKOW

PRES

04/09/2010

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