
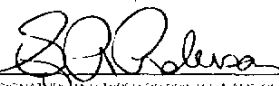


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS JAN 14 PM 1:20	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002857			
TIMELESS LIFE CARE, LLC 808 ALMERIA CORAL GABLES FL 33131		1a. Principal Place of Business Address 808 ALMERIA CORAL GABLES FL 33131			
2. Principal Place of Business 808 ALMERIA AVENUE Suite, Apt. #, etc. N/A City & State CORAL GABLES, FLORIDA Zip 33134 Country U.S.A.		2a. Mailing Address 808 ALMERIA AVENUE Suite, Apt. #, etc. N/A City & State CORAL GABLES, FLORIDA Zip 33134 Country U.S.A.		3. Date Organized or Qualified 11/23/1998 3a. State of Formation FL 4. FEI Number 65-0886358 5. Date of Last Report NEW LLC 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent KAPLAN, ERIC J ESQ 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name KAPLAN, ERIC J ESQ Street Address (P.O. Box Number is Not Acceptable) 9200 SW 14th AVE Suite, Apt. #, etc. SUITE 619 City MIAMI Zip Code FL 33156			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment. (NOTE: Registered Agent's signature required when making change.)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ANDERSON, GREG	808 ALMERIA		CORAL GABLES FL	
300002799079-- 6 -03/03/99--01045--001 ***188.75 ***188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  GREG A ANDERSON FEB 19, 1999 305-461-585					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER					