

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90195 015 ****50.00

DOCUMENT # L99000001959

1. Entity Name
CARE RIDE, L.L.C.



Principal Place of Business
4923 71ST AVENUE
PINELLAS PARK, FL 33781

Mailing Address
4923 71ST AVENUE
PINELLAS PARK, FL 33781

20022812



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3565490	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR. ESQ
MCFARLANE, FERGUSON & MCMULLEN
625 COURT ST., SUITE 200
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAY CARE HOME CARE
STREET ADDRESS	44175 STARKEY ROAD 8452 118th AVE N
CITY-ST-ZIP	LARGO, FL 33773

TITLE	MGRM
NAME	CARE RIDE, INC.
STREET ADDRESS	6883 AUGUSTA BLVD.
CITY-ST-ZIP	LARGO, FL 33777

TITLE	---
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Denton W.

Crockett, Jr. 3/17/06

727-394-6461