2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L99000005930

Entity Name: AGELESS CARE, L.L.C.

Current Principal Place of Business:

602 COURTLAND ST.
SUITE 300
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 607911
ORLANDO, FL 328607911 US

New Mailing Address:

FEI Number: 59-3606719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANG, R. CHRISTOPHER
P.O. BOX 607911
ORLANDO, FL 328607911 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/MEMBERS:

Title: MGR ( ) Delete
Name: LANG, R.CHRISTOPHER
Address: P.O. BOX 607911
City-St-Zip: ORLANDO, FL 328607911 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R. CHRISTOPHER LANG MGR 01/17/2005

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