

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000006072

Entity Name: CAREPROPERTIES, L.L.C.

FILED
Sep 29, 2005
Secretary of State

Current Principal Place of Business:

1424 COMMERCIAL PARK DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

3265 ST. JAMES DRIVE
BOCA RATON, FL 33434

New Mailing Address:

6120 PAYNE STEWART DRIVE
WINDERMERE, FL 347868936 US

FEI Number: 65-0956922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCASKILL, SUSAN T
6120 PAYNE STEWART DRIVE
WINDERMERE, FL 347868936 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: SUSAN T. MCCASKILL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCASKILL, SUSAN T
Address: 6120 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Delete
Name: BROWN, ROGER
Address: 3265 ST. JAMES DRIVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MCCASKILL, SUSAN T
Address: 6120 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: SUSAN T. MCCASKILL

PRES

09/29/2005

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