FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92174 018 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J00069332

DOCUMENT # L99000006072

1. Entity Name
CAREPROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
1424 COMMERCIAL PARK DRIVE LAKELAND, FL 33801	777 YAMATO RD., SUITE 330 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2500 Quantum Lakes Dr Suite 108
City & State	Boynton Beach, FL
Zip / Country	33426 / USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0956922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYRICK, KIM ~~777 YAMATO RD., SUITE 660~~ ~~BOCA RATON, FL 33431~~ 2500 Quantum Lakes Drive Suite 108 Boynton Beach, FL 33426	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NO. WITH FEE IS $30.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCCASKILL, SUSAN T 6120 PAYNE STEWART DRIVE WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MYRICK, KIM 1664 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LECHNER, BRIAN 360 SE MIZNER BLVD., SUITE 1509 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I 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 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: Kim Myrick 4/29/03 561-2440220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #