

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000608

FILED
Apr 17, 2004
Secretary of State

Entity Name: XENACARE LLC

Current Principal Place of Business:

7700 CONGRESS AVE
STE 3208
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7700 CONGRESS AVE
STE 3208
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 60-0000692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XENAKIS, ALAN P
5621 ASPEN RIDGE CIRCLE
DELRAY BEACH, FL 33484 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: MGRM () Delete
Name: XENACARE MANAGEMENT, LLC
Address: 7700 CONGRESS AVE STE 3208
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: XENAKIS, ALAN P DR
Address: 5621 ASPEN RIDGE CIR
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR () Change (X) Addition
Name: RIZZO, FRANK W MR
Address: 4311 BAYSIDE VILLAGE DR APT 202
City-St-Zip: TAMPA, FL 33615

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: FRANK W RIZZO

MGR

04/17/2004

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