2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# M06000006417

Entity Name: CARE CONNECTIONS, LLC

Current Principal Place of Business:

6427 OLDHARBOR LANE
AUSTIN, TX 78739

New Principal Place of Business:

7413 JABORANDI DR
AUSTIN, TX 78739

Current Mailing Address:

6427 OLDHARBOR LANE
AUSTIN, TX 78739

New Mailing Address:

PO BOX 90111
AUSTIN, TX 78709

FEI Number: 06-1786676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICE, STEPHANIE A
1368 MAJESTY TERRACE
WESTON, FL 33327 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/MANAGERS:

Title: MGRM ( ) Delete
Name: RICE, THOMAS P
Address: P.O. BOX 90111
City-St-Zip: AUSTIN, TX 78709

Title: MGRM ( ) Delete
Name: RICE, STEPHANIE A
Address: P.O. BOX 90111
City-St-Zip: AUSTIN, TX 78709

Title: MGRM ( ) Delete
Name: MERRITT, SCOTT C
Address: P.O. BOX 90111
City-St-Zip: AUSTIN, TX 78709

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS RICE MGRM 04/26/2007

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