


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT #M06000006765	
1. Entity Name FUTURE CARE, LLC	
	
Principal Place of Business 6821 SOUTHPPOINT DRIVE N, SUITE 113 JACKSONVILLE, FL 32216	Mailing Address 6821 SOUTHPPOINT DRIVE N, SUITE 113 JACKSONVILLE, FL 32216



02232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2324331	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, CURTIS 6821 SOUTHPPOINT DRIVE N, SUITE 113 JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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  CURTIS ROSS, PROGRAM DIRECTOR 2/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2007**

U00000655168
03/13/07-80095-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, HANK 700 12TH STREET NW SUITE 700 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWAIN, IAN 700 12TH STREET NW SUITE 700 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZGERALD, TIM 700 12TH STREET NW SUITE 700 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  CURTIS ROSS, PROGRAM DIRECTOR 2/26/07 904-281-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #