
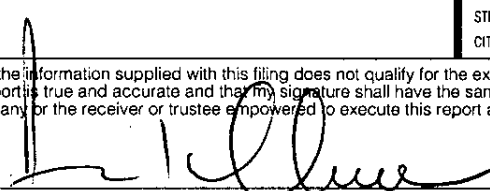


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90348 034 \*\*\*\*50.00

DOCUMENT # L01000018982					
<b>1. Entity Name</b> ELDER PLANNING ASSOCIATES OF THE KEYS, LLC					
<b>Principal Place of Business</b> 91760 OVERSEAS HIGHWAY TAVERNIER, FL 33070			<b>Mailing Address</b> P O BOX 1737 TAVERNIER, FL 33070 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 91760 Overseas Highway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tavernier, FL			
Zip	Country	Zip	Country	02112004    Chg-LLC    CR2E083 (10/03)	
33070	USA	<b>4. FEI Number</b> 52-2352735		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  MULL, PATRICIA B 91760 OVERSEAS HIGHWAY TAVERNIER, FL 33070			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR		TITLE		
NAME	MULL, PATRICIA B		NAME		
STREET ADDRESS	91760 OVERSEAS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
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<b>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.</b>					
<b>SIGNATURE:</b>  Patricia B. Mull    3-31-04    305-852-4833					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					