


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000005396</b> 1. Entity Name <b>THE SENIOR FINANCIAL CENTER, LLC</b>	
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Principal Place of Business <b>3300 NORTH UNIVERSITY DRIVE #302 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3300 NORTH UNIVERSITY DRIVE #302 CORAL SPRINGS, FL 33065</b>
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**DO NOT WRITE IN THIS SPACE**



03272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>57-1151833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ORKIN, ARLENE J 12177 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

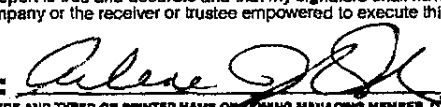
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORKIN & ASSOCIATES, INC. 12177 CLASSIC DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SENIOR FIRST SOURCE, LLC 3300 N. UNIVERSITY DRIVE #302 CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/05-80048-020 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3-26-05 954-345-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #