

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005396

FILED
Apr 10, 2007
Secretary of State

Entity Name: ADVANCED RETIREMENT SOLUTIONS, LLC

Current Principal Place of Business:

3300 NORTH UNIVERSITY DRIVE
#302
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 NORTH UNIVERSITY DRIVE
#302
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 57-1151833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORKIN, ARLENE J
12177 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ORKIN, ARLENE J
7087 GREAT FALLS CIRCLE
BOYNTON BEACH, FL 33437 US

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: ARLENE J. ORKIN

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORKIN & ASSOCIATES,, INC.
Address: 12177 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: SENIOR FIRST SOURCE,, LLC
Address: 3300 N. UNIVERSITY DRIVE #302
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORKIN & ASSOCIATES,, INC.
Address: 3300 N. UNIVERSITY DR #302
City-St-Zip: CORAL SPRINGS, FL 33065

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARLENE J. ORKIN

MGR

04/10/2007

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