

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010082

FILED
Apr 30, 2004
Secretary of State

Entity Name: ELDERPLANNING SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

% REDGRAVE & TURNER LLP
120 EAST PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 334326090

New Principal Place of Business:

% REDGRAVE & OLIVER LLP
120 EAST PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 334326090

Current Mailing Address:

% REDGRAVE & TURNER LLP
120 EAST PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 334326090

New Mailing Address:

% REDGRAVE & OLIVER LLP
120 EAST PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 334326090

FEI Number: 86-1063560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDGRAVE & TURNER LLP
120 E. PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

REDGRAVE & OLIVER LLP
120 E. PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432 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: BERT R. OLIVER, ESQUIRE

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: OLIVER, BERT R
Address: 120 E. PALMETTO PARK ROAD, SUITE 450
City-St-Zip: BOCA RATON, FL 33232

Title: MGR () Change (X) Addition
Name: KAYE, HARVEY
Address: 190 NW SPANISH RIVER BLVD, SUITE 101
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERT R. OLIVER

MGR

04/30/2004

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