2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L03000033923 1. Entity Name ELDER INVESTMENTS OF SOUTHWEST FLORIDA, L.L.C. Mailing Address Principal Place of Business. 7754 TWIN LAKES DR. 7754 TWIN LAKES DR. MORROW, OH 45152 MORROW, OH 45152 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1185635 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR DO NOT WRITE C/O DUNLAP & MORAN P.A. 22 SOUTH LINKS AVE., STE. 300 IN THIS SPACE SARASOTA, FL 34236 3. 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, typed or printed name of registered agent and title it applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ELDER, KENNETH R NAME 7754 TWIN LAKES DR. STREET ADDRESS CITY-ST-ZIP MORROW, OH 45152 MGR TITLE NAME ELDER, PATRICIA M 7754 TWIN LAKES DR. STREET ADDRESS CITY-ST-ZIP MORROW, OH 45152 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE AND THE OF BOUNTED NAME OF SIGNING MANAGING MEMBER ON AUTHORIZED DEDRESENTATIVE

120/05 513-899-

Osytime Phone #

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