

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033923

FILED
May 01, 2006
Secretary of State

Entity Name: ELDER INVESTMENTS OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

7754 TWIN LAKES DR.
MORROW, OH 45152

New Principal Place of Business:

Current Mailing Address:

7754 TWIN LAKES DR.
MORROW, OH 45152

New Mailing Address:

FEI Number: 57-1185635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR
C/O DUNLAP & MORAN P.A.
22 SOUTH LINKS AVE., STE. 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELDER, KENNETH R
Address: 7754 TWIN LAKES DR.
City-St-Zip: MORROW, OH 45152

Title: MGR () Delete
Name: ELDER, PATRICIA M
Address: 7754 TWIN LAKES DR.
City-St-Zip: MORROW, OH 45152

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

ADDITIONS/CHANGES:

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

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

Title: CPA () Change (X) Addition
Name: WILKERSON, ELIZABETH P
Address: 11275 SPRINGFIELD PIKE
City-St-Zip: CINCINNATI, OH 45246 US

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: ELIZABETH WILKERSON

CPA

05/01/2006

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