2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004158

Entity Name: ELDER CARE PLANNING, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

124 SARATOGA BLVD W 3554 PEPPERVINE DRIVE ROYAL PALM BEACH, FL 33411 US ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

3554 PEPPERVINE DRIVE ORLANDO, FL 32828

FEI Number: 03-0537314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIOS, CARMEN

124 SARATOGA BLVD. WEST

ROYAL PALM BEACH, FL 33411 US

BARRY, LUISA

3554 PEPPERVINE DRIVE

ORLANDO, FL 32828 U

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: LUISA BARRY 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:RIOS, CARMENName:DEL RIO, BRIGITTEAddress:124 SARATOGA BLVD. WESTAddress:124 SARATOGA BLVD. WESTCity-St-Zip:ROYAL PALM BEACH, FL 33411 USCity-St-Zip:ROYAL PALM BEACH, FL 33411 US

Title: MGR () Delete Title: () Change () Addition

 Name:
 BARRY, LUISÁ
 Name:

 Address:
 3554 PEPPERVINE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LUISA BARRY MGR 03/19/2009