2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

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Entity Name: COUNSELORS ON MEDICAID PLANNING & ELDER LAW, P.L.

Current Principal Place of Business:

1550 NE MIAMI GARDENS DRIVE, SUITE 507
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

12555 ORANGE DRIVE
4B
DAVIE, FL 33330

Current Mailing Address:

P.O. BOX 327328
FORT LAUDERDALE, FL 33332

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CYPEN, MYLES G ESQ
12555 ORANGE DRIVE, #4B
DAVIE, FL 33330 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/MEMBERS:

Title:	MGRM (X) Delete
Name:	BERGER, ABRAMS P.A.
Address:	1550 NE MIAMI GARDENS DRIVE, SUITE 507
City-St-Zip:	NORTH MIAMI BEACH, FL 33179

Title:	MGRM ( ) Delete
Name:	CYPEN, MYLES G P.A.
Address:	P.O. BOX 327328
City-St-Zip:	FORT LAUDERDALE, FL 33332

ADDITIONS/CHANGES:

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

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 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: MYLES G. CYPEN MGRM 01/14/2005

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