

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4 Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90426 014 ****60.00

DOCUMENT # L04000026455	
1. Entity Name ELDER LAW AND ESTATE PLANNING ASSOCIATES, LLC	



Principal Place of Business 101 SE 21ST ST FORT LAUDERDALE, FL 33316	Mailing Address P.O. BOX 460098 FT. LAUDERDALE, FL 33346
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30003987



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0999510	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, WILLIAM E 1029 CORDOVA ROAD FORT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 <i>William E. Johnson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>29 MAR 2005</i> (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLTZMAN, KATHRYN ESQ 101 SE 21ST ST. FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MEMBER</i> <i>WILLIAM E. JOHNSON</i> <i>1029 CORDOVA ROAD</i> <i>FORT LAUDERDALE</i> <i>FLORIDA 33316</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DELETE PER TC TRAIL</i> <i>DAB. NO NEED TO</i> <i>LIST "MEMBER" ONLY</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Kathryn Holtzman</i> SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <i>29 MAR 2005</i> Daytime Phone # <i>954 263 7824</i>