2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L04000046097

Entity Name: ELDERPLANNING SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

190 N.W. SPANISH RIVER BOULEVARD, STE. 101
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

190 N.W. SPANISH RIVER BOULEVARD, STE. 101
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 83-0399894 **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:

KAYE, HARVEY
190 N.W. SPANISH RIVER BOULEVARD, STE. 101
BOCA RATON, FL 33431 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: KAYE, HARVEY
Address: 2667 N. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33431

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: HARVEY KAYE MR. 05/04/2005

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