2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000000406

Entity Name: ELDER PLANNING INCOME CONCEPTS, LLC

Current Principal Place of Business:

1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-4309366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDGETT, DAVID
1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471 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: MGRM ( ) Delete
Name: MIDGETT, DAVID
Address: 1805 SE 16TH AVE, SUITE 101
City-St-Zip: OCALA, FL 34471 US

Title: MGRM ( ) Delete
Name: HEMNESS, EMMA
Address: 205 N. PARSONS AVE
City-St-Zip: BRANDON, FL 33510 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: HEMNESS, EMMA
Address: 309 N. PARSONS AVE
City-St-Zip: BRANDON, FL 33510 US

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: DAVID MIDGETT MGRM 04/27/2007

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