2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006699

Entity Name: ELDER CARE CONSULTANTS OF SOUTH FLORIDA LLC

FILED Jan 21, 2008 Secretary of State

US

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

8461 W LAKE WORTH RD 8401 W LAKE WORTH RD

SUITE 110 SUITE 133

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

Current Mailing Address: New Mailing Address:

8461 W LAKE WORTH RD 8401 W LAKE WORTH RD

SUITE 110 SUITE 133 LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467

FEI Number: 20-4181106 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:

DANNELEVITZ, PAMELA 621-G SEA PINE WAY

WEST PALM BEACH, FL 33415 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PAMELA DANNELEVITZ I, NC
 Name:

 Address:
 621-G SEA PINE WAY
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33415 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ANITA SILVERMAN INC,
 Name:

 Address:
 7550 TARPON COVE CIRCLE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467 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: ANITA SILVERMAN MGRM 01/21/2008