

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043872

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** SENIOR ESTATE ADVISORS, LLC

**Current Principal Place of Business:**

1710 CASSVILLE AVENUE  
VERO BEACH, FL 32966

**New Principal Place of Business:**

1575 INDIAN RIVER BLVD.  
SUITE C-225  
VERO BEACH, FL 32960

**Current Mailing Address:**

1710 CASSVILLE AVENUE  
VERO BEACH, FL 32966

**New Mailing Address:**

1575 INDIAN RIVER BLVD.  
SUITE C-225  
VERO BEACH, FL 32960

**FEI Number:** 20-4799389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSEN, BRIAN  
1710 CASSVILLE AVENUE  
VERO BEACH, FL 32966 US

**Name and Address of New Registered Agent:**

ANDERSEN, BRIAN  
1575 INDIAN RIVER BLVD.  
SUITE C-225  
VERO BEACH, FL 32960 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:**

03/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ANDERSEN, BRIAN  
**Address:** 1710 CASSVILLE AVENUE  
**City-St-Zip:** VERO BEACH, FL 32966

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ANDERSEN, BRIAN  
**Address:** 1575 INDIAN RIVER BLVD. SUITE C-225  
**City-St-Zip:** VERO BEACH, FL 32960

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:** BRIAN ANDERSEN

MM

03/12/2008

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