2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 31, 2008 08:00 AM Secretary of State

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1. Entity Name

SAFÉHAVEN ELDERASSET, LLC



Principal Place of Business

5824 BEE RIDGE ROAD, PMB 227 SARASOTA, FL 34233-5065 . Mailing Address

5824 BEE RIDGE ROAD, PMB 227 SARASOTA, FL 34233-5065



01132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2585033

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

| GILLILAND, DEBORAH J 3642 WALDEN POND DRIVE SARASOTA, FL 34240 | | DO NOT WRITE IN THIS SPACE | | |
|---|---|---|--|--|
| | named entity submits this statement for the purpose of changing its registe ions of registered agent. | ored office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOW!!! FEE IS \$138.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GILLILAND, DEBORAH 3642 WALDEN POND DR SARASOTA, FL 34240 | U00000808645 02/07/08-80050-019 138.75 | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 11. I hereby | certify that the information supplied with this filing does not qualify for the | exemptions contained in Chapter 119, Florida Statutes, I further certify that the information | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daysing Phone &