

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078553

Entity Name: ELDER FRIENDS, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

8461 W LAKE WORTH RD
STE 110
LAKE WORTH, FL 33467 US

Current Mailing Address:

8461 W LAKE WORTH RD
STE 110
LAKE WORTH, FL 33467 US

New Principal Place of Business:

8401 W LAKE WORTH RD
STE 133
LAKE WORTH, FL 33467 US

New Mailing Address:

8401 W LAKE WORTH RD
STE 133
LAKE WORTH, FL 33467 US

FEI Number: 20-5354891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANNELEVITZ, PAMELA
8461 W LAKE WORTH RD
STE 110
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

DANNELEVITZ, PAMELA
8401 W LAKE WORTH RD
STE 133
LAKE WORTH, FL 33467 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:

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DANNELEVITZ, PAMELA
Address: 621-G SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: MGRM () Delete
Name: SILVERMAN, ANITA
Address: 7550 TARPON COVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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

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