

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093806

FILED
Apr 05, 2009
Secretary of State

Entity Name: ELDER LAND OF TAMPA BAY,LLC

Current Principal Place of Business:

320 E. FLETCHER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

320 E. FLETCHER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-5923577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDER, ROBERT R
320 E FLETCHER
TAMPA, FL 33612 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: MGR () Delete
Name: ELDER, ROBERT R
Address: 320 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

Title: MGR () Delete
Name: ELDER, PHILIP A
Address: 777 JOHN R
City-St-Zip: TROY, MI 48083

Title: MGR () Delete
Name: ELDER, IRMA B
Address: 777 JOHN R
City-St-Zip: TROY, MI 48083

Title: MGR () Delete
Name: BATTERSHALL, STEPHANIE
Address: 777 JOHN R
City-St-Zip: TROY, MI 48083

ADDITIONS/CHANGES:

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

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

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: ROBERT R. ELDER

MGR

04/05/2009

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