

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074440

Entity Name: ELDER RESOURCE CENTER, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

2699 STIRLING ROAD
SUITE A-301
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2699 STIRLING ROAD
SUITE A-301
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAPANI, CHRISTOPHER M
100 N.E. THIRD AVENUE
SUITE 280
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

TRAPANI, CHRISTOPHER M
6565 TAFT STREET
SUITE 106
HOLLYWOOD, FL 33024 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: CHRISTOPHER TRAPANI

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERGER, TERRY ABRAMS
Address: 2699 STIRLING ROAD, SUITE A-301
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: TRAPANI, CHRISTOPHER M
Address: 100 N.E. THIRD AVENUE, SUITE 280
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TRAPANI, CHRISTOPHER M
Address: 6565 TAFT STREET, SUITE 106
City-St-Zip: HOLLYWOOD, FL 33024 US

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: TERRY ABRAMS BERGER

MGR

03/17/2009

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