

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 003 ***138.75

DOCUMENT # L07000114020 1. Entity Name ELDER HOLDINGS, LLC			
Principal Place of Business 4 W DANIA BCH BLVD DANIA, FL 33004		Mailing Address 4 W DANIA BCH BLVD DANIA, FL 33004	
2. Principal Place of Business - No P.O. Box # 4700 SHERIDAN STREET Suite, Apt. #, etc. SUITE B City & State HOLLYWOOD, FL Zip 33021 Country BROWARD		3. Mailing Address 4700 SHERIDAN STREET Suite, Apt. #, etc. SUITE B City & State HOLLYWOOD, FL Zip 33021 Country USA	
4. FEI Number 261-44-2431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03202008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CROSS, KC 4 W DANIA BCH BLVD DANIA, FL 33004		7. Name and Address of New Registered Agent Name CROSS, KC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD State FL Zip Code 33021	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, KC 4 W DANIA BCH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/30/08 954-367-4563 Date Daytime Phone #	