

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90042 049 \*\*\*138.75

60039352



04172008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000114023</b> 1. Entity Name <b>ELDERCARE MANAGEMENT, LLC</b>					
Principal Place of Business <b>440 PHIPPEN-WAITERS RD DANIA, FL 33004</b>			Mailing Address <b>4 W DANIA BCH BLVD DANIA, FL 33004</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4700 SHERIDAN STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE B</b>			
City & State		City & State <b>HOLLYWOOD, FL</b>		4. FEI Number <b>201-44-2511</b>	
Zip		Zip <b>33021</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ELDER HOLDINGS, LLC 4 W DANIA BCH BLVD DANIA, FL FL</b>			7. Name and Address of New Registered Agent Name <b>ELDER HOLDING, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4700 SHERIDAN STREET, SUITE B</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33021</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ELDER HOLDINGS, LLC 4 W DANIA BCH BLVD DANIA, FL 33004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ELDER HOLDING, LLC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021</b> <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	
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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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	
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:			Date <b>4/30/08</b> Daytime Phone # <b>954-367-4563</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					