

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 002 \*\*\*138.75

60039349



<b>DOCUMENT # L07000114025</b> 1. Entity Name <b>ELDERCARE MANAGEMENT WPB, LLC</b>					
Principal Place of Business <b>4445 PINE FORREST DRIVE LAKE WORTH, FL 34463</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>261-44-2710</b>	
Zip		Country		Applied For Not Applicable	
Zip <b>33021</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ELDER HOLDINGS, LLC 4 W DANIA BCH BLVD DANIA, FL 33004</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, STE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/30/08 954-367-4563</b> <small>Date Daytime Phone #</small>		