

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 001 \*\*\*138.75

60039350



<b>DOCUMENT # L07000114036</b> 1. Entity Name ELDERCARE MANAGEMENT CF, LLC																													
Principal Place of Business 206 W ORANGE STREET DAVENPORT, FL 33837			Mailing Address 4 W DANIA BCH BLVD DANIA, FL 33004																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 4700 SHERIDAN STREET Suite, Apt. #, etc. SUITE B																											
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 201-44-2661																									
Zip 33021	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  ELDER HOLDINGS, LLC 4 W DANIA BCH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name ELDER HOLDING, LLC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD 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 _____																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELDER HOLDINGS, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4 W DANIA BCH BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DANIA, FL 33004</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ELDER HOLDING, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4700 SHERIDAN STREET, SUITE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ELDER HOLDINGS, LLC		STREET ADDRESS	4 W DANIA BCH BLVD		CITY-ST-ZIP	DANIA, FL 33004		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ELDER HOLDING, LLC		STREET ADDRESS	4700 SHERIDAN STREET, SUITE B		CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													