

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90042 050 ***138.75

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DOCUMENT # L07000114385 1. Entity Name ELDERCARE MANAGEMENT WC, LLC					
Principal Place of Business 1421 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698			Mailing Address 4 W DANIA BCH BLVD DANIA, FL 33004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4700 SHERIDAN STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B			
City & State		City & State HOLLYWOOD, FL		4. FEI Number 201-44-2022	
Zip	Country	Zip 33001	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELDER HOLDINGS, LLC 4 DANIA BCH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name ELDER HOLDINGS, LLC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD FL Zip Code 33001		
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 ELDER HOLDINGS, LLC 4 DANIA BCH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELDER HOLDING, LLC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL. 33001 <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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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:			4/30/08 954-367-4563		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		