

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051507

FILED
Apr 29, 2009
Secretary of State

Entity Name: WINTER PARK ELDERLY SERVICES, LLC

Current Principal Place of Business:

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVDL STE 310
WEST PALM BEACH, FL 33401

New Principal Place of Business:

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD, STE 310
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVDL STE 310
WEST PALM BEACH, FL 33401

New Mailing Address:

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD, STE 310
WEST PALM BEACH, FL 33401 US

FEI Number: 80-0188544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD. STE 310
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD., STE 310
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ROSE, BROOK R
Address: 1555 PALM BEACH LAKES BLVD., SUITE 310
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BROOK R. ROSE

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date