2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# L05000037356

Entity Name: THE GOOD LIFE GROUP, LLC

Current Principal Place of Business:

4721 TRAILS DRIVE E.
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

4721 TRAILS DRIVE E.
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 20-2833047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JUDD, STEVEN H
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOODMUDD, LLC,
Address: 4721 TRAILS DRIVE E.
City-St-Zip: SARASOTA, FL 34232 US

Title: MEM ( ) Delete
Name: UNCLE WALT'S ENTERPR, ISES, LLC
Address: 222 SOUTH FIRST STREET
City-St-Zip: LOUISVILLE, KY 40202 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOODMUDD, LLC,
Address: 4721 TRAILS DRIVE E.
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR (X) Change ( ) Addition
Name: UNCLE WALT'S ENTERPR, ISES, LLC
Address: 222 SOUTH FIRST STREET
City-St-Zip: LOUISVILLE, KY 40202 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: RICK MUNROE MGRM 07/16/2007

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