

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037356

FILED  
Sep 01, 2008  
Secretary of State

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD MUNROE

MGRM

09/01/2008

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