

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062481

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** THE LIFESOURCE GROUP LLC

**Current Principal Place of Business:**

2155 OLD MOULTRIE ROAD  
SUITE 110  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

2155 OLD MOULTRIE ROAD  
SUITE 110  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 26-0437338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JOHN R JR.  
7780 A1A SOUTH  
#411  
ST. AUGUSTINE, FL 32080 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  
Name: ABBOTT, KATHLEEN  
Address: 389 SUMMER COVE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGRM  
Name: FULTON, KAREN J  
Address: 436 JOHNS CREEK PARKWAY  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM  
Name: JONES, JOHN R JR.  
Address: 7780 A1A SOUTH #411  
City-St-Zip: ST. AUGUSTINE, FL 32080 FL

I hereby 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: JOHN R JONES, JR

MR

01/07/2010

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