

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 04, 2007  
Secretary of State**

DOCUMENT# L04000001549

Entity Name: HOUSE FOR LIFE, LLC

**Current Principal Place of Business:**

1756 NORTH BAYSHORE DRIVE, SUITE 28 E  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1756 NORTH BAYSHORE DRIVE, SUITE 28 E  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 83-0381670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOLOGNA, STEFANIA ESQ.  
150 SE 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131 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: FIORINI, MAURIZIO  
Address: VIA TERRAGLIETTO 146 A  
City-St-Zip: 30174 MESTRE (VE) ITALY,

Title: MGRM (X) Delete  
Name: BOARETTO, TONINO  
Address: GALLERIA TITO LIVIO 2  
City-St-Zip: 35100 PADOVA, ITALY,

**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: MAURIZIO FIORINI

MGRM

09/04/2007

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