

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021425

FILED
Apr 06, 2005
Secretary of State

Entity Name: LION LIFE, L.L.C.

Current Principal Place of Business:

KAYA GODETT #95
SUITE 102
WILLIAMSTAD, CURACAO, NV NETHERLAN AN

New Principal Place of Business:

11911 US HWY # 1
SUITE 208
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11911 US HIGHWAY ONE, PALM COURT PLAZA
SUITE 201
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

11911 US HIGHWAY ONE, PALM COURT PLAZA
SUITE 208
NORTH PALM BEACH, FL 33408 US

FEI Number: 30-0104961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTURO J. JESURUN
11911 US HIGHWAY ONE / PALM COURT PLAZA
SUITE 208
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

ROBERT B. COOK, ESQ.
11911 US HIGHWAY ONE / PALM COURT PLAZA
SUITE 208
NORTH PALM BEACH, FL 33408 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: ROBERT B. COOK, ESQ.

04/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KEHLE, III, A.G.
Address: 11911 US HWY ONE, STE 208-PALM CT PLZ
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY G. KEHLE, III

PRES

04/06/2005

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