

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023102

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** LIFEPLAN FINANCIAL ADVISORS, LLC

**Current Principal Place of Business:**

4110 SOUTHPOINT BLVD., #201  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

6817 SOUTHPOINT PARKWAY #2201  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4110 SOUTHPOINT BLVD., #201  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6817 SOUTHPOINT PARKWAY #2201  
JACKSONVILLE, FL 32216

FEI Number: 38-3660176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMP, RICHARD N CPA  
6817 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216 US

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

CAMP, RICHARD N CPA  
6817 SOUTHPOINT PARKWAY #2201  
JACKSONVILLE, FL 32216 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/07/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM/P  
Name: CAMP, RICHARD N  
Address: 6817 SOUTHPOINT PARKWAY SUITE 2201  
City-St-Zip: JACKSONVILLE, FL 32216

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: RICHARD CAMP

MM/P

04/07/2011

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