

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031118

Entity Name: ITSMYLIFE LLC

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

100 RIALTO PLACE, SUITE 700
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE, SUITE 700
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 02-0650197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYERS, ELIZABETH
3400 OCEAN BEACH BLVD., APT. 310
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

SAYERS, ELIZABETH
93 DELANNOY AVE
702
COCOA, FL 32922 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:

01/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SAYERS, ELIZABETH C
Address: 3400 OCEAN BEACH BLVD., APT. 310
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MGR () Delete
Name: SAYERS, JONATHAN
Address: 3400 OCEAN BEACH BLVD., APT. 310
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAYERS, ELIZABETH C
Address: 93 DELANNOY AVE, APT. 207
City-St-Zip: COCOA, FL 32922 US

Title: MGR (X) Change () Addition
Name: SAYERS, JONATHAN
Address: 93 DELANNOY AVE, APT. 207
City-St-Zip: COCOA, FL 32922 US

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: ELIZABETH SAYERS

MGR

01/31/2005

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