

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000001549

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

**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