

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049050

FILED
May 02, 2006
Secretary of State

Entity Name: THE BETTER LIFE TEAM, LLC

Current Principal Place of Business:

2323 CROSBY RD.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2323 CROSBY RD.
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-1313363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTIN, JOHN P PA
401 SOUTH LINCOLN AVENUE
CLEARWATER, FL 33656 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHELLER, STACY L
Address: 1520 ROLLING MEADOW DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: ALMAND, DENISE M
Address: 1520 ROLLING MEADOW DRIVE
City-St-Zip: VALERICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DILLARD, STACY L
Address: 2323 CROSBY ROAD
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Change () Addition
Name: ALMAND, DENISE M
Address: 2323 CROSBY ROAD
City-St-Zip: VALERICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: STACY L DILLARD

MGRM

05/02/2006

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