

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079022

FILED  
May 01, 2006  
Secretary of State

Entity Name: LIFELINE DVD, L.L.C.

**Current Principal Place of Business:**

205 GREYMON DRIVE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

205 GREYMON DRIVE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 02-0734529      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:**

SHPRITZ, DIANNA  
205 GREYMON DRIVE  
WEST PALM BEACH, FL 33405      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: LEEK, STEPHEN  
Address: 5200 NORTH FLAGLER DRIVE #202  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: SHPRITZ, DIANNA  
Address: 205 GREYMON DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

**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 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: DIANNA SHPRITZ

MGRM

05/01/2006

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