

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000634

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** PARTNERS IN STEWARDSHIP FOR LIFE, LLC

**Current Principal Place of Business:**

1118 SW FOREST HILL COVE  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

1118 SW FOREST HILL COVE  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: LAUGHLIN, EDWARD N  
Address: 1118 SW FOREST HILL COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGRM ( ) Delete  
Name: LAUGHLIN, APRIL  
Address: 1118 SW FOREST HILL COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

**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: EDWARD N. LAUGHLIN

MR.

01/14/2008

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