2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L05000052451

Entity Name: OPTIMUM LIFE, L.L.C.

Current Principal Place of Business:

7800 66TH STREET NORTH #302
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

7800 66TH STREET NORTH #302
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 20-3991388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAMARGO, TED R
401 EAST JACKSON STREET, SUITE 2400
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MD ( ) Change (X) Addition
Name: ZAK, PAUL J MD
Address: 876 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 33767

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: PAUL J ZAK MD PA MD 04/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date