

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064717

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: GETALIFE LLC

## Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY  
SUITE 904  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

6817 SOUTHPOINT PARKWAY  
SUITE 904  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 20-1123623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOSWELL, KELLY M PH.D.  
6817 SOUTHPOINT PARKWAY  
SUITE  
JACKSONVILLE, FL 32216 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: BOSWELL, KELLY M PH.D.  
Address: 6817 SOUTHPOINT PARKWAY, SUITE 904  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM ( ) Delete  
Name: WINTERBOTHAM, KATHLEEN PH.D.  
Address: 6817 SOUTHPOINT PARKWAY, SUITE 904  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR ( ) Delete  
Name: GREENBERG, GLEN  
Address: 801 1ST ST  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: MGR ( ) Delete  
Name: WINTERBOTHAM, JACK  
Address: 3720 WICKLOW MANOR COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR ( ) Delete  
Name: DAVIS, ROGER T  
Address: 6817 SOUTHPOINT PARKWAY, SUITE 904  
City-St-Zip: JACKSONVILLE, FL 32216 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: GREENBERG, GLEN  
Address: 6817 SOUTHPOINT PARKWAY, SUITE 904  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, ROGER T PH.D.  
Address: 6817 SOUTHPOINT PARKWAY, SUITE 904  
City-St-Zip: JACKSONVILLE, FL 32216 US

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: KELLY M. BOSWELL, PH.D.

MGRM

01/05/2007

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