


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 050 ****50.00

DOCUMENT # L05000075156	
1. Entity Name CENTER FOR LIFE ACHIEVEMENTS LLC	

Principal Place of Business 15114 SW 63RD ST MIAMI, FL 33193	Mailing Address 16275 SW 88TH ST # 224 MIAMI, FL 33196
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2. Principal Place of Business 9000 SW 87th Ct, Ste 104 Suite, Apt. #, etc. Ste # 104 City & State Miami FL Zip 33176 Country USA	3. Mailing Address 9000 SW 87th Ct Suite, Apt. #, etc. Ste 104 City & State Miami FL Zip 33176 Country USA
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07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2566596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEBSTER, CLARK M 15114 SW 63RD ST MIAMI, FL 33193 9000 SW 87th Ct, Ste 104 Miami, FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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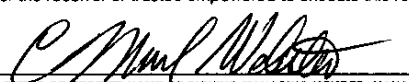
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBSTER, CLARK M 15114 SW 63RD ST 9000 SW 87th Ct, Ste 104 MIAMI, FL 33193 Miami, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **7/14/06** **305 274-4933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #