

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086257

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: FINANCIAL LIFE SERVICES FL LLC

## Current Principal Place of Business:

4 STAMFORD PLAZA  
107 ELM STREET  
STAMFORD, CT 06902

## New Principal Place of Business:

60 LONG RIDGE ROAD  
SUITE 205  
STAMFORD, CT 06902

## Current Mailing Address:

4 STAMFORD PLAZA  
107 ELM STREET  
STAMFORD, CT 06902

## New Mailing Address:

60 LONG RIDGE ROAD  
SUITE 205  
STAMFORD, CT 06902

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

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: KRASNERMAN, MICHAEL  
Address: 4 STAMFORD PLAZA, 104 ELM STREET  
City-St-Zip: STAMFORD, CT 06902

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KRASNERMAN, MICHAEL  
Address: 60 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06902

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: MICHAEL KRASNERMAN

MGRM

01/17/2007

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