

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114478

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLORIDA INCOME FOR LIFE, LLC

Current Principal Place of Business:

1200 NW 17TH AVENUE
STE. 7
DELRAY BEACH, FL 33445

New Principal Place of Business:

6574 N. STATE ROAD 7
#327
COCONUT CREEK, FL 33073

Current Mailing Address:

1200 NW 17TH AVENUE
STE. 7
DELRAY BEACH, FL 33445

New Mailing Address:

PO BOX 9506
CORAL SPRINGS, FL 33075

FEI Number: 20-3924505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: NARDONE, THOMAS R
Address: 1200 NW 17TH AVENUE, STE 7
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST () Delete
Name: KOWALEWSKI, ROMAN
Address: 1200 NW 17TH AVENUE, STE 7
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NARDONE, THOMAS R
Address: 6574 N. STATE ROAD 7 #327
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST (X) Change () Addition
Name: KOWALEWSKI, ROMAN
Address: 6574 N. STATE ROAD 7 #327
City-St-Zip: COCONUT CREEK, FL 33073

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: THOMAS R. NARDONE

MGR

04/28/2008

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