

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005100

FILED
Apr 27, 2007
Secretary of State

Entity Name: MASTER LIFE DESIGN, L.C.

Current Principal Place of Business:

29081 U.S. HWY. 19 NORTH, #5A
CLEARWATER, FL 33767

New Principal Place of Business:

29081 U.S. HWY. 19 NORTH, # 5A
CLEARWATER, FL 33767

Current Mailing Address:

29081 U.S. HWY. 19 NORTH, #5A
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 20-4156217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: GANGI, CRAIG E PRES.
Address: P.O. BOX 424
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MR. () Change (X) Addition
Name: JUDY, RONALD S PRES.
Address: P.O. BOX 424
City-St-Zip: SAFETY HARBOR, FL 34695

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: CRAIG E. GANGI

MGR.

04/27/2007

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