

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055362

FILED
Mar 03, 2009
Secretary of State

Entity Name: FLORIDA LIFE PROPERTIES, LLC

Current Principal Place of Business:

1725 1/2 E. 7TH AVENUE, #4
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1725 1/2 E. 7TH AVENUE, #4
TAMPA, FL 33605

New Mailing Address:

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

Name and Address of Current Registered Agent:

ADAIR, JAMES
1725 1/2 E. 7TH AVENUE #4
TAMPA, FL 33605 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: M () Delete
Name: JAMES PAUL ADAIR P.A. .
Address: 1725 1/2 E. 7TH AVENUE #4
City-St-Zip: TAMPA, FL 33605

Title: M () Delete
Name: J. ERIC TENNISON, P., A.
Address: 1725 1/2 E. 7TH AVENUE, #4
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JAMES PAUL ADAIR P.A. .
Address: 1725 1/2 E. 7TH AVENUE #4
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Change () Addition
Name: J. ERIC TENNISON, P., A.
Address: 1725 1/2 E. 7TH AVENUE, #4
City-St-Zip: TAMPA, FL 33605

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: JAMES ADAIR

RA

03/03/2009

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