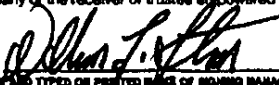


FILED
Jun 13, 2007 8:00 am
Secretary of State

05-15-2007 90150 037 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000092213			
1. Entity Name THE LIFE NETWORK, LLC			
Principal Place of Business 2170 WEST S.R. 434, SUITE 240 LONGWOOD, FL 32779		Mailing Address 2170 WEST S.R. 434, SUITE 240 LONGWOOD, FL 32779	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-4594860		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEAR, WILLIAM L 2170 WEST S.R. 434, SUITE 240 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEAR, WILLIAM L 2170 WEST S.R. 434, SUITE 240 LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	