

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 16, 2007  
Secretary of State**

DOCUMENT# L06000099679

Entity Name: NU LIFE REAL ESTATE SOLUTIONS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

6710 COLLINS ROAD #2317  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

**New Mailing Address:**

6710 COLLINS ROAD #2317  
JACKSONVILLE, FL 32244

FEI Number: 20-5704267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WALLACE, ROBERT  
3805 UNIVERSITY BLVD. W.  
JACKSONVILLE, FL 32217      US

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:**

**ADDITIONS/CHANGES:**

Title:            PTS            ( ) Delete  
Name:            SAPP, CHRISTOPHER A II  
Address:        6710 COLLINS ROAD #2317  
City-St-Zip:    JACKSONVILLE, FL 32244

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER A SAPP II

PTS

05/16/2007

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