

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90512 038 ***143.75

DOCUMENT # L07000017091

1. Entity Name

INNERSOURCE4LIFE "LLC"



Principal Place of Business

1320 S. ORLANDO
SUITE#3
WINTER PARK FL 32789

Mailing Address

2594 FORFARSHIRE DRIVE
WINTER PARK FL 32792
US



2. Principal Place of Business - No P.O. Box

10945 Dylan Loren Circle
Suite, Apt. #, etc

3. Mailing Address

2594 Forfarshire Dr.
Suite, Apt. #, etc

City & State

Orlando, FL
32825

Country

U.S.

City & State

Winter Park FL
32792

Country

U.S.

4. FEE Number

383757916

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

ASAAN, FIFE
2594 FORFARSHIRE DRIVE
ORLANDO FL 32792

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

Asaan Fife

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FIFE, ASAAN J
STREET ADDRESS 2594 FORFARSHIRE DRIVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE MGRM
NAME VIVEIROS, KEVIN M
STREET ADDRESS 2594 FORFARSHIRE DRIVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

Asaan Fife

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-08

321-745-7743

Date

Daytime Phone #