

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055915

Entity Name: LEGACY LIFE ADVISORS, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

13901 S. SUTTON PARK DRIVE
#120
JACKSONVILLE, FL 32224 US

Current Mailing Address:

13901 S. SUTTON PARK DRIVE
#120
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

4776 HODGES BLVD
#105
JACKSONVILLE, FL 32224 US

New Mailing Address:

4776 HODGES BLVD
#105
JACKSONVILLE, FL 32224 US

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: SIEWERT, DEREK A
Address: 13901 S. SUTTON PARK DRIVE, #120
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: HUTCHISON, WILLIAM M
Address: CLEARWATER HOUSE
City-St-Zip: STAMFORD, CT 06902 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIEWERT, DEREK A
Address: 4776 HODGES BLVD #105
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM (X) Change () Addition
Name: HUTCHISON, WILLIAM M
Address: 4776 HODGES BLVD #105
City-St-Zip: JACKSONVILLE, FL 32224 US

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: DEREK SIEWERT

MM

04/30/2008

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