

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064206

FILED
May 28, 2008
Secretary of State

Entity Name: MASTER LIFE FINANCIAL PARTNERS, LLC

Current Principal Place of Business:

4 WALDEN LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 WALDEN LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-0393459 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:

REDMAN, CHRISTOPHER
4 WALDEN LANE
ORMOND BEACH, FL 32174 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: REDMAN, CHRISTOPHER
Address: 4 WALDEN LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete
Name: APICELLA, VICKIE
Address: 5952 BOGGS FORT ROAD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

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

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 REDMAN

MGRM

05/28/2008

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