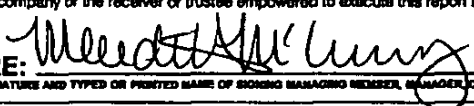


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 Jun 18, 2008 8:00 am
Secretary of State

05-30-2008 90018 050 ***138.75

DOCUMENT # L07000075977			
1. Entity Name LIFE WELLNESS COMMUNITIES DEVELOPMENT COMPANY, LLC			
Principal Place of Business 451 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572		Mailing Address 451 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0627275		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONATHAN JAMES DAMONTE, CHARTERED 12110 SEMINOLE BLVD. LARGO, FL 33778		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee will be \$638.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EKLO, MARK 451 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWERSOX, JACK 1669 CLEARWATER HARBOR DR. LARGO, FL 33770 ☐ 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
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 118, 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: 		4/29/08 813-641-2800	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	