

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000095473

**FILED**  
**Jul 01, 2009**  
**Secretary of State****Entity Name:** CHRISTIAN LIVING MINISTRY, LLC**Current Principal Place of Business:**6420 CONGRESS AVE  
SUITE 1800  
BOCA RATON, FL 33487**New Principal Place of Business:**531 ROUTE 22 EAST  
301  
WHITEHOUSE STATION, NJ 08889**Current Mailing Address:**6420 CONGRESS AVE  
SUITE 1800  
BOCA RATON, FL 33487**New Mailing Address:**531 ROUTE 22 EAST  
301  
WHITEHOUSE STATION, NJ 08889**FEI Number:** 26-1371388**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RUSTIN, WARREN MGR  
6420 CONGRESS AVE  
SUITE 1800  
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**PAULSON, ROBERT MGRM  
8210 MIZNER LANE  
BOCA RATON, FL 33433 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: ROBERT PAULSON

07/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** RUSTIN, WARREN MGR  
**Address:** 6420 CONGRESS AVE, SUITE 1800  
**City-St-Zip:** BOCA RATON, FL 33487**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** PAULSON, ROBERT MGRM  
**Address:** 531 ROUTE 22 EAST #306  
**City-St-Zip:** WHITEHOUSE STATION, NJ 08889

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: ROBERT PAULSON

MGRM

07/01/2009

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