

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107742

FILED
May 01, 2008
Secretary of State

Entity Name: GREAT LIFE, LLC

Current Principal Place of Business:

465 OCEAN DR.
905
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

PO BOX 191635
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 9663
NAPERVILLE, IL 60567

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

GIANNOTTI, CHRISTIAN
465 OCEAN DR.
905
MB, FL 33119 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIANNOTTI, CHRISTIAN
Address: PO BOX 191635
City-St-Zip: MIAMI BEACH, FL 33119

Title: MGR (X) Delete
Name: FAITH, IRENE
Address: PO BOX 191635
City-St-Zip: MIAMI BEACH, FL 33119

Title: MGR (X) Delete
Name: PEARL, COOKIE
Address: PO BOX 191635
City-St-Zip: MIAMI BEACH, FL 33119

ADDITIONS/CHANGES:

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

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: CHRISTIAN GIANNOTTI

MGR

05/01/2008

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