2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000120275

Entity Name: LIFESTYLE OF THE BELIEVER, LLC

Current Principal Place of Business:

621 LYONS ROAD
9105
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 938526
MARGATE, FL 33093 US

New Mailing Address:

FEI Number: 61-1557851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTS, GIA H
621 LYONS ROAD
9105
COCONUT CREEK, FL 33063 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: MGR ( ) Delete
Name: ROBERTS, GIA H
Address: 621 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: MGRM ( ) Delete
Name: ROBERTS, LAMONT D II
Address: 621 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: ROBERTS, GIA H
Address: 621 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

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: GIA H. ROBERTS PRES 04/30/2009

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