

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069980

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: GREAT LIFE PROPERTIES, LLC

**Current Principal Place of Business:**

4098 COQUINA KEY DR SE  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

4098 COQUINA KEY DR SE  
ST PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 26-3014248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORD, PETER  
4098 COQUINA KEY DR SE  
ST PETERSBURG, FL 33705 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: FORD, LANI  
Address: 4098 COQUINA KEY DR SE  
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGRM ( ) Delete  
Name: GUSTAFSON, JODI  
Address: 6341 4TH PALM POINT  
City-St-Zip: ST PETE BEACH, FL 33706

Title: MGRM ( ) Delete  
Name: MYERS, TIM  
Address: 6341 4TH PALM POINT  
City-St-Zip: ST. PETE BEACH, FL 33706

**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: PETER FORD

MGR

02/10/2009

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