2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000070990

Entity Name: GRAVIOLA LIFE, LLC

Current Principal Place of Business:

1731 UPLAND RD
WEST PALM BEACH, 33409

New Principal Place of Business:

1731 UPLAND RD
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

1731 UPLAND RD
WEST PALM BEACH, 33409

New Mailing Address:

1731 UPLAND RD
WEST PALM BEACH, FL 33409 US

FEI Number: 26-3084304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOECKRITZ, GEORGE
1731 UPLAND ROAD
WEST PALM BEACH, FL 33409 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: KOECKRITZ, GEORGE
Address: 1731 UPLAND RD
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP ( ) Delete
Name: EDSON, DE ARAUJO
Address: 3671 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete
Name: STANE, BEGOVIC
Address: 811 KOKOMO KEY LN
City-St-Zip: DELRAY BEACH, FL 33483

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: GEORGE KOECKRITZ MGRM 04/29/2009

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