## 2000 UNIFORM BUSINESS REPORT (UBR)

Principial Pane of Business  1900 FARRADUT PACE  P.D. GRAWER 16319  JACKSCAMILE FL. 32247 2639  2. Principe Place of Business  Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  2. Principe Place of Business  Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  2. Principe Place of Business  A. FE Number  5. Centricate of Status Bosevier  S. S. Centricate of Status Bosevier  Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  A. Street Address (P.O. Box Number is Not Acceptable)  Served Address (P.O. Box Number is Not Acceptable)  JACKSONVILLE FL. 32207  City  FL. Zir Coop  Name and Address of New Registrate Agent  City FL. Zir Coop  City  FL. Zir Coop  City  FL. Zir Coop  Name and Address of New Registrate Agent  City FL. Zir Coop  City  FL. Zir Coop  Name and Address of New Registrate Agent  City  FL. Zir Coop  Name and Address of New Registrate Agent  City  City  FL. Zir Coop  City  FL. Xir Fl. Zir  City  FL. Xir Coop  City  FL. Xir Fl. Zir  City  FL. Xir Coop  City  FL. Xir Fl. Zir  C	DOCUMENT # L9900007379  1. Entity Name  FIRST CALL LIFE ADVISORS, LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS  00 MAR -6 AM II: 44		
School   P.O.   P.O. DRAWER R559   JACKSON/RLE Ft. 32241-515	Principal Place	e of Business	Mailing Address				
2. Principal Marce of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State							
Surie Apt # etc.  DO NOT WRITE IN THIS SPACE  Applied For Surie Apt # etc.  City & Surie  Country  Country  Country  Surie Apt # etc.  City & Surie  City & Surie  Country  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  Country  Surie Address of New Registered Agent  Name  City & Surie Address of New Registered Agent  Country  City FL  City Cy  City  City  FL  City Cy  City  FL  City Cy  City  City  City  FL  City Cy  City	JACKSONVILLE FL 32207 JACKSONVILLE FL 32247-0519			0519			
Surie Apt # etc.  DO NOT WRITE IN THIS SPACE  Applied For Surie Apt # etc.  City & Surie  Country  Country  Country  Surie Apt # etc.  City & Surie  City & Surie  Country  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  City & Surie  Country  Surie Apt # etc.  Country  Surie Address of New Registered Agent  Name  City & Surie Address of New Registered Agent  Country  City FL  City Cy  City  City  FL  City Cy  City  FL  City Cy  City  City  City  FL  City Cy  City							
City & State  Country  Country  Country  S. Certificated of Status Desired	Principal Place of Business     Address     Mailing Address					J HEBITEN BUG VENTE TOWN ORDER EDITH BUTH DOWN COMES SUIT (1949 1917, 190)	
Zip Country Zip Country 5-9-3615913	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Zip Country Zip Country 5-9-3615913						A FFINAL Applied For	
6. Neme and Address of Current Registered Agent  CAPLAN, HOWARD A P.A. 3900 ATLANTIC BLVD.  JACKSONVILLE FL 32207  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  C	City & State		City & State				
CAPLAN, HOWARD A P.A. 3900 ATLANTIC BLVD.  JACKSONVILLE FL 32207  8. The above named entity submet highesterement for the purpose of changing its registered agent, or both. in the State of Florida.  Market 1000000000000000000000000000000000000	Zip	Country	Zip	Country			
CAPLAN, HOWARD A P.A. 3900 ATLANTIC BLVD. JACKSONVILLE FL 32207  City FL Zo Code  City FL Zo Code  B. The above named entity subpolis finity statement for the outpose of changing its registered office or registered agent, or both, in the State of Forda.  MANAGING MEMBERS / MEMBERS / Members of Payabole to Department of State  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS   10. ADDITIONS / CHANGES   Change   Addition Make States abouts a street abouts a		6. Name and Address of Current	Registered Agent		<u> </u>		
3900 ATLANTIC BLVD.  JACKSONVILLE FL 32207  B. The above named entity subgoint finishestatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  **TICK Somily A. Special Control of registered Agent and the Agent and Age				·	Name	- ·	
B. The above named entity subgrish histoatement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.    Managangne   Concla   Concla   Concla	•				Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity subgrits fill betatement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.    SIGNATURE							
8. The above named entity submited finite purpose of changing its registered diffice or registered agent, or both, in the State of Florida.	UNONOCIT	VILLE I E OPENI			City	Zip Code	
SIGNATURE    Manage	O The above	named antibutus harity This bettempest for	r the purpose of changing its	rogietore	od office or roa		
SCHANDER SQUARE STREET ADDRESS CITY-51-2P CREEDS CREEDS CITY-51-2P CREEDS CREEDS CITY-51-2P CREEDS CREEDS CITY-51-2P CRE	6. The above			registere		1	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9.	SIGNATURE .						
9. MANAGING MEMBERS   10. ADDITIONS/CHANGES  TITLE   MGRM   Debte   TITLE   MANE   2471 CHARLOTTE HIGHWAY, SUITE 4   STREET ADDRESS   10. ADDITIONS/CHANGES   Addition   Additio					·	^	
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14. Expense cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information	CITY- ST- ZIP	<u></u>		CITY	ST-ZIP		
indicated on this report is true and accurate and that my 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.	indicated	on this report is true and accurate and	that my signature shall have t	he same	e legal effect a:	s if made under oath; that I am a managing member or manager of the	