

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000472

FILED
May 19, 2005
Secretary of State

Entity Name: INSPIRED LIFE DEVELOPMENT, LLC

Current Principal Place of Business:

4700 MILLENIA BLVD #175
ORLANDO, FL 32839

New Principal Place of Business:

4700 MILLENIA BLVD
#175
ORLANDO, FL 32839

Current Mailing Address:

4700 MILLENIA BLVD #175
ORLANDO, FL 32839

New Mailing Address:

4700 MILLENIA BLVD
#175
ORLANDO, FL 32839

FEI Number: 59-3509780 FEI Number Applied For () FEI Number Not Applicable () 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:

DENNISON, SCOTT A
4700 MILLENIA BLVD #175
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

DENNISON, SCOTT A
4700 MILLENIA BLVD
#175
ORLANDO, FL 32839 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:

05/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DENNISON, SCOTT A
Address: 3355 S KIRKMAN RD STE 1325
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: STERNE, HARRISON M
Address: 7981 ST ANDREWS CIR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: SCOTT DENNISON

MGR

05/19/2005

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