


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -8 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002642 1. Entity Name LIFE ASSET GROUP, LLC					
Principal Place of Business 10 VENETIAN WAY #405 MIAMI BEACH, FL 33139			Mailing Address 10 VENETIAN WAY #405 MIAMI BEACH, FL 33139		
2. Principal Place of Business 1111 Lincoln Road Suite, Apt. #, etc. Suite 801 City & State Miami Beach, FL		3. Mailing Address 1111 Lincoln Road Suite, Apt. #, etc. Suite 801 City & State Miami Beach, FL			
Zip 33139		Country Miami-Dade		4. FEI Number 56-2340655	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GOODE, J. MARK 10 VENETIAN WAY #405 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Jon Kidd Street Address (P.O. Box Number is Not Acceptable) 1111 Lincoln Road Suite 801 City Miami Beach FL Zip Code 33139			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODE, J. MARK 10 VENETIAN WAY #405 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jon Kidd 1111 Lincoln Road, Suite 801 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Gary Brecka 1111 Lincoln Road, Suite 801 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify 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 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.					
SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



09302004 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired \$5.00 Additional Fee Required

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[Handwritten Signature]