

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 14 AM 8:27

DOCUMENT # M03000002642

1. Entity Name  
LIFE ASSET GROUP, LLC



Principal Place of Business

1111 LINCOLN ROAD, SUITE 801  
MIAMI BEACH, FL 33139

Mailing Address

1111 LINCOLN ROAD, SUITE 801  
MIAMI BEACH, FL 33139

*AS*



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2340655

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KIDD, JON  
1111 LINCOLN ROAD, SUITE 801  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KIDD, JON
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 801
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	BRECKA, GARY
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 801
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600045620176  
01/31/05--01007--002 \*\*\$5.00

600045620176  
01/31/05--01007--003 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/5/05 (800) 481-3481*

Date

Daytime Phone #