

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000002266

Entity Name: LIFEOPTIONS, LLC

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

84 WEST PARK PLACE
SUITE 200
STAMFORD, CT 06901

New Principal Place of Business:

84 WEST PARK PLACE
5TH FLOOR
STAMFORD, CT 06901

Current Mailing Address:

84 WEST PARK PLACE
SUITE 200
STAMFORD, CT 06901

New Mailing Address:

84 WEST PARK PLACE
5TH FLOOR
STAMFORD, CT 06901

FEI Number: 20-2402771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: M () Delete
Name: PRYER, TEDMUND W
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

Title: M () Delete
Name: PUGLIESE, JAMES M
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: PRYOR, TEDMUND W
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

Title: PRES (X) Change () Addition
Name: PUGLIESE, JAMES M
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

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: CORTNEY BUNYOFF

LCA

07/11/2008

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