

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004381

FILED  
May 02, 2008  
Secretary of State

Entity Name: LIFESTRUCTURES TECHNOLOGY PLANNING, LLC

**Current Principal Place of Business:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240

**New Principal Place of Business:**

**Current Mailing Address:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240

**New Mailing Address:**

FEI Number: 35-1988927      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:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HIBBS, WAYNE  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGR ( ) Delete  
Name: HOOVER, MONTE L  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGR ( ) Delete  
Name: MINX, KATHYRN A  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HIBBS, C W  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: DUNN, KERRY M  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

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: CRYSTAL FICKEN

POA

05/02/2008

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