# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 20, 2009**
**Secretary of State**

DOCUMENT# M08000002163

**Entity Name:** NEXTLIFE CONSUMER PRODUCTS, LLC

**Current Principal Place of Business:**

2080 NW BOCA RATON BLVD., SUITE 6
BOCA RATON, FL 33431

**New Principal Place of Business:**

6800 BROKEN SOUND PARKWAY
SUITE 300
BOCA RATON, FL 33487

**Current Mailing Address:**

2080 NW BOCA RATON BLVD., SUITE 6
BOCA RATON, FL 33431

**New Mailing Address:**

6800 BROKEN SOUND PARKWAY
SUITE 300
BOCA RATON, FL 33487

**FEI Number: 32-0242189** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RUBIN, GARY
2080 NW BOCA RATON BLVD., SUITE 6
BOCA RATON, FL 33431 US

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

RUBIN, GARY
6800 BROKEN SOUND PARKWAY
SUITE 300
BOCA RATON, FL 33487 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: 01/20/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: NEXTLIFE HOLDINGS, L, LC
Address: 2080 NW BOCA RATON BLVD., SUITE 6
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: NEXTLIFE HOLDINGS, L, LC
Address: 6800 BROKEN SOUND PARKWAY, SUITE 300
City-St-Zip: BOCA RATON, FL 33487

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: DANIEL SCHRAGER MGRM 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date