

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004239

FILED
Jul 07, 2009
Secretary of State

Entity Name: INSTITUTIONAL LIFE SERVICES (FLORIDA), LLC

Current Principal Place of Business:

3900 WESTERRE PARKWAY, SUITE 201
RICHMOND, VA 23233

New Principal Place of Business:

Current Mailing Address:

3900 WESTERRE PARKWAY, SUITE 201
RICHMOND, VA 23233

New Mailing Address:

C/O NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661

FEI Number: 80-0257957

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: MGR () Delete
Name: TERRELL, ANDREW
Address: 3900 WESTERRE PARKWAY, SUITE 201
City-St-Zip: RICHMOND, VA 23233

Title: CEO () Delete
Name: TERRELL, ANDREW
Address: 3900 WESTERRE PARKWAY, SUITE 201
City-St-Zip: RICHMOND, VA 23233

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUBITSKY, ALEXANDER
Address: 3900 WESTERRE PARKWAY, SUITE 201
City-St-Zip: RICHMOND, VA 23233

Title: MGR (X) Change () Addition
Name: HAMMOND, DOUGLAS
Address: 340 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10173

Title: MGR () Change (X) Addition
Name: WHALEY, CHERYL
Address: 3900 WESTERRE PARKWAY, SUITE 201
City-St-Zip: RICHMOND, VA 23233

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: LORI M. LIESER

VP

07/07/2009

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