


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 026 ***158.75

DOCUMENT # **L0200001126**
1. Entity Name
Independent Living Systems, LLC



30062707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1110 Country Club Prado
Suite, Apt. #, etc.

3. Mailing Address
1110 Country Club Prado
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
45-0481642

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Nector Plana

Street Address (P.O. Box Number is Not Acceptable)
1110 Country Club Prado

City
Coral Gables

State
FL

Zip Code
33134

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  DATE **April 21, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

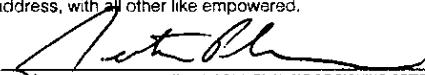
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE P.D	President	TITLE	
NAME Nector Plana	P.D	NAME	
STREET ADDRESS 1110 Country Club Prado		STREET ADDRESS	
CITY-ST-ZIP Coral Gables, Florida 33134		CITY-ST-ZIP	
TITLE V.S.T.D	Vice President, Secy - Treasurer	TITLE	
NAME Raymond Monahan		NAME	
STREET ADDRESS 2503 Sea Island Drive		STREET ADDRESS	
CITY-ST-ZIP Ft Lauderdale, FL 33301		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7/21/03** 305-790-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)