


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90170 002 \*\*\*\*55.00

**DOCUMENT # L04000065659**

1. Entity Name  
**LOSS OF QUALITY OF LIFE, LLC**



Principal Place of Business <b>2425 WATERVIEW PLACE          WINDERMERE, FL 34786</b> <i>2524 WATERVIEW PLACE          WINDERMERE, FL 34786</i>		Mailing Address <b>2425 WATERVIEW PLACE          WINDERMERE, FL 34786</b> <i>2524 WATERVIEW PLACE          WINDERMERE, FL 34786</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**60014099**



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1652255</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> 1		<b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ANOKA, WILLIAM L</b> <b>11072 CLIPPER COURT</b> <b>WINDERMERE, FL 34786</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADIGAN, JAMES F <input type="checkbox"/> Delete <b>2425 WATERVIEW PLACE</b> <i>2524 WATERVIEW PLACE</i> WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FADIGAN, JAMES F</b> <b>2524 WATERVIEW PLACE</b> WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete ANOKA, WILLIAM L 11072 CLIPPER COURT WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *William L. Anoka* **WILLIAM L. ANOKA** *2/10/06* **4078769457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #