

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90019 039 ****50.00

20036762



DOCUMENT # L05000015392 1. Entity Name AMERICA LIFESTYLE LLC			
Principal Place of Business 11357 THURSTON PL LOS ANGELES, CA 90049 US		Mailing Address 11357 THURSTON PL LOS ANGELES, CA 90049 US	
2. Principal Place of Business 609 Coral Way Suite, Apt. #, etc.		3. Mailing Address 609 Coral Way Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL Zip 33301		City & State Fort Lauderdale, FL Zip 33301	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-234-2894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Marco Markin Street Address (P.O. Box Number is Not Acceptable) 609 Coral Way City Fort Lauderdale FL Zip Code 33301	
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 Marco Markin (NOTE: Registered Agent signature required when reinstating) DATE April 21, 2006			
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 MARKIN, MARCO 11357 THURSTON PL LOS ANGELES, CA 90049	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Markin, Marco 609 Coral Way Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: Marco Markin April 21, 2006 954-762-7223			