SIGNATURE: PAUL M LAMBERT Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Registered Agent

Authorized	Person(s)	Detail :
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Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	PAUL LAMBERT P.A.	Name	495 DEVELOPMENT LLC	
Address	100 BISCAYNE BLVD SUITE 2510	Address	C/O CERTILMAN BALIN ADLER & HYMAN, LLP	
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	100 MOTOR PARKWAY SUITE 156 NY 11788	

100 BISCAYNE BLVD **SUITE 2510** MIAMI, FL 33132

Current Mailing Address:

100 BISCAYNE BLVD **SUITE 2510** MIAMI, FL 33132 US

FEI Number: 47-3790239

Name and Address of Current Registered Agent:

PAUL LAMBERT P.A. 100 BISCAYNE BLVD **SUITE 2510** MIAMI, FL 33132 US

SIGNATURE:

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 25, 2019 Secretary of State 9781237838CC

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

03/25/2019

Date

Date

MANAGER

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.

Certificate of Status Desired: No

Entity Name: LIFESTYLE ACCELERATOR FUND LLC **Current Principal Place of Business:**

DOCUMENT# L14000188018