2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000930

1. Entity Name
LIFETIME FINANCIAL STRATEGIES, L.L.C.

Principal Place of Business	Mailing Address
136 MALAGA STREET ST AUGUSTINE, FL 32084	P.O. BOX 387 ST AUGUSTINE, FL 32085

04202005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625091
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COWAN, CARY J
136 MALAGA STREET
SAINT AUGUSTINE, FL 32084

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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: Cary J Cowan 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000322531
04/22/05-80016-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COWAN, CARY I
STREET ADDRESS	136 MALAGA STREET
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 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: Cary J Cowan 4-20-05 904-824-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #