
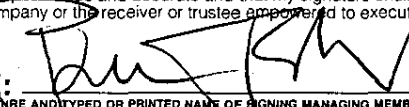


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90067 035 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L00000010367</b><br>1. Entity Name<br><b>BETTER LIFE BASICS, L.L.C.</b>   |  |  |  |                |  |
| Principal Place of Business<br><b>ROUTE 10, BOX 867<br/>LAKE CITY, FL 32025</b>   |  |  | Mailing Address<br><b>ROUTE 10, BOX 867<br/>LAKE CITY, FL 32025</b>  |   |  |
| 2. Principal Place of Business<br><b>1445 SW MAIN BLVD.</b>   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                    |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>LAKE CITY FL</b>   |  | City & State   |  | 4. FEI Number<br><b>59-3673603</b>  |  |
| Zip<br><b>32025</b>   |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REGISTER, JERRY W<br/>ROUTE 10, BOX 867<br/>LAKE CITY, FL 32025</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>REGISTER, JERRY W<br/>ROUTE 10, BOX 867<br/>LAKE CITY, FL 32025</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>REGISTER, PAMELA G<br/>ROUTE 10, BOX 867<br/>LAKE CITY, FL 32025</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  |  | <b>4-29-04 3867196700</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #   |   |  |