## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90067 035 \*\*\*\*50.00

DOCUMENT # L0000010367  1. Entity Name BETTER LIFE BASICS, L.L.C.						04-30-2	004 90007 033	30.00
Principal Place of Business ROUTE 10, BOX 867 LAKE CITY, FL 32025		Mailing Address ROUTE 10, BOX 867 LAKE CITY, FL 32025			24060566			
2. Principal Place of Business 1445 SW MAIN BLVD.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292004	Chg-LLC ·	CR2E083 (10/03)	
LAKE CITY FL		City & State			4. FEI Numb 59-367		N	oplied For ot Applicable
3aoas Country USA		Zip	Country			of Status Desired	S5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent  Name						d Address of New Re	egistered Agent	
ROUTE 10	R, JERRY W I, BOX 867 /, FL 32025	Street Address		(P.O. Box Number is Not Acceptable)				
			Cit	У	- · <del>-</del>		FL Zip Coo	le
8. The above named antity 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Fi D	ling Fee is \$50.00 ue by May 1, 2004	** <sub>1</sub> q(i)	Part No.	25.4	-		e check payable to Department of Stat	e Cyre.
9.	t MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
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NAME STREET ADDRESS	REGISTER, JERRY W ROUTE 10, BOX 867		NAME STREET ADD	nrece .				
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-Z					
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NAME	REGISTER, PAMELA G		NAME					
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CITY-ST-ZIP 1	portify that the information available with	this filling does not qualify for	CITY-ST-ZI	·	·	Vi). Florida Statutas	Ly_2	information
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 ampering to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4-29-04 367196700								