


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

182

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV - 7 AM 10:17

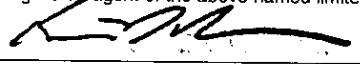
FILED

1. DOCUMENT # L01000012927
Name and Mailing Address

0005452 01 FP 0.352 **PRST T7 0 0615 34103-358675
PHOENIX LIFESTYLES, LLC
C/O GOODMAN & BREEN
3838 TAMIAMI TRAIL N., SUITE 300
NAPLES FL 34103-3586



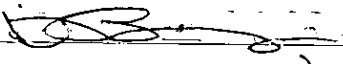
US

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business C/O GOODMAN & BREEN 3838 TAMIAMI TRAIL N., SUITE 300 NAPLES FL 34103 US		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 08/03/2001		6. FEI Number 65-1129581	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
8. Name and Address of Current Registered Agent GOODMAN & BREEN, A PROFESSIONAL ASSOCIATIO 3838 TAMIAMI TRAIL N. SUITE 300 NAPLES FL 34103		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300008890989 11/08/02--01083--001 **250.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 11-4-02 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BREEN, DOROTHY M	C/O GOODMAN & BREEN, 3838 TAMIAMI TRAIL N.	NAPLES FL 34103

\$55.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date 11-4-02 Daytime Phone # 239-403-3000

Typed or printed name of signing Managing Member/Manager DOROTHY M. BREEN

CR2E084 (8/02)

202

Goodman & Breen

ATTORNEYS AT LAW

*Dorothy M. Breen**
*Nancy J. Gibbs**
*Kenneth D. Goodman**

3838 Tamiami Trail North, Suite 300
Naples, Florida 34103
(239) 403-3000
Fax (239) 403-0010

**Board Certified Attorney in
Wills, Trusts & Estates Law*

October 25, 2002

Division of Corporations
Attn: Gretchen Harvey
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Fee Nicks, LLC
Phoenix Lifestyles, LLC
Waygo Investments, LLC
Rucky Investments, LLC
Rho Chi Sigma, LLC


Dear Ms. Harvey:

Enclosed is a copy of our correspondence to Michael Mays in your office dated October 24, 2002, along with the supporting documentation we provided regarding our on-line filings and confirmation of such filings for the above-referenced LLCs. After receiving the Certificate of Administrative Dissolution or Revocation forms from your office for the above-referenced LLCs, we contacted Mr. Mays.

Mr. Mays has instructed us to send this documentation to your attention along with the \$50.00 filing fee for each LLC and you will process the filing fees without penalty.

If you have any questions, please call our office. We appreciate your understanding and assistance in rectifying this matter.

Sincerely,



Denise M. Edwards
Legal Assistant

Enclosures