

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012927

Entity Name: PHOENIX LIFESTYLES, LLC

FILED
Feb 10, 2004
Secretary of State

Current Principal Place of Business:

C/O GOODMAN & BREEN
3838 TAMiami TRAIL N., SUITE 300
NAPLES, FL 34103 US

Current Mailing Address:

C/O GOODMAN & BREEN
3838 TAMiami TRAIL N., SUITE 300
NAPLES, FL 34103 US

New Principal Place of Business:

C/O GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL N., SUITE 300
NAPLES, FL 34103 US

New Mailing Address:

C/O GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL N., SUITE 300
NAPLES, FL 34103 US

FEI Number: 65-1129581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN & BREEN, A PROFESSIONAL ASSOCIATIO
3838 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103 US

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.

SIGNATURE: KENNETH D. GOODMAN

02/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BREEN, DOROTHY M
Address: C/O GOODMAN & BREEN, 3838 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: DOROTHY M. BREEN

MGR

02/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date