2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L01000019176

Entity Name: CUP OF LIFE, L.L.C.

Current Principal Place of Business:

975 CATTLEMEN ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

975 CATTLEMEN ROAD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 35-2164882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMBRUNO-HOCHBERG, DAWN
975 CATTLEMEN ROAD
SARASOTA, FL 34232

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: IMBRUNO-HOCHBERG, DAWN
Address: 975 CATTLEMEN ROAD
City-St-Zip: SARASOTA, FL 34232

Title: MGRM (X) Delete
Name: HOCHBERG, HOWARD
Address: 975 CATTLEMEN ROAD
City-St-Zip: SARASOTA, FL 34232

Title: MGRM ( ) Delete
Name: SMITH, JOHN
Address: 26 HEATHFIELD ROAD
City-St-Zip: BUSHEY HERTS UK WD232LJ,

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: SMITH, JOHN
Address: TOWERING OAKS RD
City-St-Zip: SARASOTA, FL 34232

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: DAWN IMBRUNO-HOCHBERG MGRM 04/30/2004

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