

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015657 1. Entity Name OPTIMUM LIFESTYLE, LLC	
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Principal Place of Business 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779 US	Mailing Address 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779 US
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0461200	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RYDER, KELLY M
832 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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  Kelly M. Ryder March 12, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

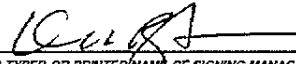
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000088781
03/15/04-80064-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RYDER, KELLY M 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  Kelly M. Ryder March 12, 2004 (407) 230-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #