
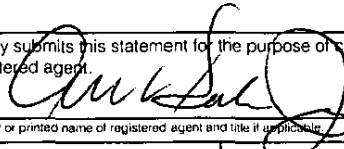
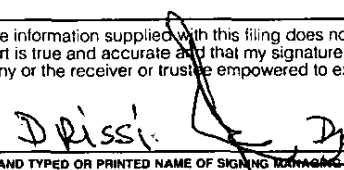


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005 8:00 am
Secretary of State

01-05-2005 90002 001 ****50.00

DOCUMENT # L02000020446			
1. Entity Name BATTERY FOR LIFE, LLC			
Principal Place of Business 4600 140TH AVE-N SUITE 210 CLEARWATER, FL 33782		Mailing Address 4600 140TH AVE-N SUITE 210 CLEARWATER, FL 33762	
2. Principal Place of Business 1310 BAY HARBOR DRIVE Suite, Apt. #, etc. APARTMENT #11-304		3. Mailing Address 4600 W. KENNEDY BLVD. Suite, Apt. #, etc.	
City & State PALM HARBOR, FLORIDA		City & State TAMPA, FLORIDA	
Zip 34685	Country	Zip 33609	Country
6. Name and Address of Current Registered Agent MARSHALL, VIVIAN 2075 RANGE ROAD CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name: Albert M. Salem, Jr. Street Address (P.O. Box Number is Not Acceptable): 4600 W. Kennedy Blvd, Ste 100 City: Tampa FL Zip Code: 33609	
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:  ALBERT M. SALEM, JR.		DATE: 1/3/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: PIRES, MARIA F STREET ADDRESS: 4202 ROTHERHAN CT CITY-ST-ZIP: PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	TITLE: Chief Operating Manager/Sec. NAME: Djalout Drissi STREET ADDRESS: Sabal Palm at Boot Ranch, 1350 Seagate Dr. CITY-ST-ZIP: Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: PETERSON, CRISTEN STREET ADDRESS: 101 POINCIANA LANE CITY-ST-ZIP: LARGO, FL-33770	<input checked="" type="checkbox"/> Delete	TITLE: Executive Operating Mgr NAME: Mona Jazzar Chahine STREET ADDRESS: 1873 LAGO VISTA BLVD. CITY-ST-ZIP: FL- 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  Djalout Drissi		DATE: 1/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone #	