


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003791 1. Entity Name LIFESTYLE PROPERTIES, LLC	
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Principal Place of Business P.O. BOX 61664 FT MYERS, FL 33906	Mailing Address P.O. BOX 61664 FT MYERS, FL 33906
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 48-1297477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SYLVESTER, FRED 8949 CREST LANE FT MYERS, FL 33907

**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

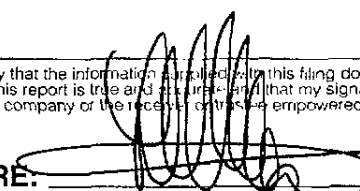
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SYLVESTER, FRED P.O. BOX 61664 FT MYERS, FL 33906
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IN THIS SPACE**

11. I hereby certify that the information furnished in 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:  **FRED SYLVESTER** 4/1/05 239-936-7579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #