

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90442 009 ****50.00

DOCUMENT # L03000003791 1. Entity Name LIFESTYLE PROPERTIES, LLC					
Principal Place of Business P.O. BOX 61664 FT MYERS, FL 33906			Mailing Address P.O. BOX 61664 FT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # 2343 FLORA AVE.		3. Mailing Address SAME.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers, FL.		City & State		4. FEI Number 48-1297477	
Zip 33907		Country USA.		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			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2343 FLORA AVE. Fort Myers, FL. City FL Zip Code 33907		
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 Fred Sylvester DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYLVESTER, FRED P.O. BOX 61664 FT MYERS, FL 33906	<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 exemptions contained in Chapter 119, 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			Date 3/29/07		Daytime Phone # 239-936-7579 239-980-3302