2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# L03000007427

Entity Name: LIFESTYLE VENTURES, LLC

Current Principal Place of Business:

6151 LAKE OSPREY DRIVE
3RD FLOOR
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6151 LAKE OSPREY DRIVE
3RD FLOOR
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 60-1682016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, VIKKI
6151 LAKE OSPREY DRIVE
3RD FLOOR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

COOK, VIKKI
7701 IGUANA DRIVE
SARASOTA, FL 34241 US

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: _____ 05/04/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COOK, VIKKI C
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete
Name: SMITH, CARL L
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COOK, VIKKI C
Address: 7701 IGUANA DRIVE
City-St-Zip: SARASOTA, FL 34241

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VIKKI C. COOK MGR 05/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date