

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029307

FILED
Mar 11, 2006
Secretary of State

Entity Name: LIFESTYLE COMPANIONS, LLC

Current Principal Place of Business:

2341 W TARPON DR
MIRAMAR, FL 33023

New Principal Place of Business:

221 N. 46TH AVE
HOLLYWOOD, FL 33021 BR

Current Mailing Address:

2341 W TARPON DR
MIRAMAR, FL 33023

New Mailing Address:

221 N. 46TH AVE
HOLLYWOOD, FL 33021 BR

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNARD, LINDA
2341 W TARPON DR
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

BERNARD, LINDA
221 N. 46TH AVE
HOLLYWOOD, FL 33021 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:

03/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERNARD, LINDA MRS
Address: 2341 W TARPON DR
City-St-Zip: MIRAMAR, FL 33023 BR

Title: MGRM () Delete
Name: BERNARD, SAMUEL MR
Address: 2341 W TARPON DR
City-St-Zip: MIRAMAR, FL 33023 BR

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERNARD, LINDA MRS
Address: 221 N. 46TH AVE
City-St-Zip: HOLLYWOOD, FL 33021 BR

Title: MGRM (X) Change () Addition
Name: BERNARD, SAMUEL MR
Address: 221 N. 46TH AVE
City-St-Zip: HOLLYWOOD, FL 33021 BR

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA BERNARD

MGR

03/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date