

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000053643

1. Entity Name
LIFESTYLES FINANCIAL, LLC



Principal Place of Business

**2100 DR. MARTIN LUTHER KING JR ST NO
SUITE D
ST. PETERSBURG, FL 33704**

Mailing Address

**737 19TH AVENUE NO
ST. PETERSBURG, FL 33704**



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1090781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAUGH, RICHARD F
737 19TH AVENUE NO
STG. PETESBURG, FL 33704**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGR |
| NAME | WAUGH, RICHARD F |
| STREET ADDRESS | 737 19TH AVENUE NO |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33704 |
| TITLE | MGR |
| NAME | ELKINS, WILLIE R JR |
| STREET ADDRESS | 737 19TH AVENUE NO |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33704 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/06

Date

727-525-5600

Daytime Phone #