

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 05, 2007  
Secretary of State**

DOCUMENT# L04000011816

Entity Name: STYLELIFE DISTRIBUTION, LLC

**Current Principal Place of Business:**

18252 NW 7TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**New Mailing Address:**

14000 N. 94TH STREET  
1159  
SCOTTSDALE, AZ 85260

**Current Mailing Address:**

15151 N 102ND WAY  
SCOTTSDALE, AZ 85255

FEI Number: 90-0143064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLEGAS, ROBERTO A  
18252 NW 7TH STREET  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

GONZALEZ, LILIANA M  
18252 NW 7TH STREET  
PEMBROKE PINES, FL 33029      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: LILIANA M. GONZALEZ      09/05/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VILLEGAS, ROBERTO A  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: VILLEGAS, ROBERTO A  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete  
Name: GONZALEZ, LILIANA M  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Delete  
Name: GONZALEZ, LILIANA M  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, LILIANA M  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Change ( ) Addition  
Name: GONZALEZ, LILIANA M  
Address: 18252 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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: LILIANA M. GONZALEZ      MGRM      09/05/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date