

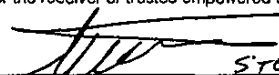


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 008 ****50.00

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|---|---------------------------------|---|--|--|--|
| DOCUMENT # L04000017617 1. Entity Name LIFESYS LLC | | | |  | |
| Principal Place of Business 2701 W. OAKLAND PARK BLVD. SUITE 400 FT. LAUDERDALE, FL 33311 US | | | | Mailing Address 2701 W. OAKLAND PARK BLVD. SUITE 400 FT. LAUDERDALE, FL 33311 US | |
| 2. Principal Place of Business 9600 W SAMPLE RD | | 3. Mailing Address 9600 W SAMPLE RD | |  | |
| Suite, Apt. #, etc. 206 | | Suite, Apt. #, etc. 206 | | | |
| City & State CORAL SPRINGS FL | | City & State CORAL SPRINGS FL | | | |
| Zip 33065 | | Country USA | | 4. FEI Number 20-0818015 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent PLATNER, MICHAEL 2701 W. OAKLAND PARK BLVD. SUITE 400 FT. LAUDERDALE, FL 33311 | | | | 7. Name and Address of New Registered Agent Name MICHAEL G. PLATNER Street Address (P.O. Box Number is Not Acceptable) 24 NE 24 AVENUE City POMPANO BEACH FL Zip Code 33062 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STEVEN HOFSTEIN FOR COGNAINS LLC 9600 W SAMPLE RD, 206 CORAL SPRINGS FL 33065 | | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  STEVEN HOFSTEIN 4/28/05 954-345-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |