2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000017617 1. Entity Name LIFESYS LLC					05-02-2005 90119 008 ****50.00
Principal Place of Business Mailing Address			OV DUUD		
2701 W. OAKLAND PARK BLVD. Suite 400		2701 W. OAKLAND PARK BLVD. Suite 400			
FT. LAUDERDALE, FL 33311 US FT. LAUDERD.			33311 US		A INTENTIA DIA MBITA BIDAN ORANA MBANA BANA BANA ANTON ARAN ANTON ANTON ANTONIA NATURA ANTONIA
2. Principal Place of Business 9600 W SAMPLE RD		3. Mailing Address 9 6 0 0 W SAMPLE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04082005 Chg-LLC CR2E083 (10/03)
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL			4. FEI Number Applied For 30 - 0818015 Not Applicable
Zip	Country	Zip	Country	\neg	5 Certificate of Status Desired S5.00 Additional
330	6. Name and Address of Current F	3 3065 Registered Agent	U5v4-		7. Name and Address of New Registered Agent
PLATNER, MICHAEL Name				1100	WOR G. PLAINER
2701 W. O.	AKLAND PARK BLVD. /	Street Address (I			P.O. Box Number is Not Acceptable) ユリームション・
SUITE 400 FT. LAUDE	ERDALE, FL 33311				24 7,35,155
•	A// 1		FOMP	AN/	S BEACH FL Zip Code 3306>
8. The above named entity submits his 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, //pool or printed name/of registeded agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
					The state of the s
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State
9.	MANAGING MEMBER		10.		ADDITIONS/CHANGES
TITLE NAME		☐ Delete	NAME	STEV	EN HOFSTEIN FOR COGNASYS LLC
STREET ADDRESS CITY-ST-ZIP					w sample RD , 204 2 springs fl 33065
TITLE		☐ Delete	TITLE	_ QIC_FF	Change Addition
NAME Street address			NAME STREET ADDRESS		,
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	,	
CITY-ST-ZIP		Delete	CITY-ST-ZIP		Change Addition
NAME			NAME		
STREET ADDRESS City-St-Zip			STREET ADDRESS City-St-Zip		;
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		□ Datus	CITY-SI-ZIP		☐ Change ☐ Addition
MAME		☐ Defete	NAME		_ overage Ambutut
STREET ADORESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP		
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: 570000 HEFSTOIN 4/28/05 954-345-6555					
SIGNAL	SIGNATURE AND TYPED OF PRINTED NAME OF			REPRESE	4/28/05 954-345-6555 NTATIVE Date Daytime Phone #