

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90022 014 \*\*\*\*50.00

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<b>DOCUMENT # L04000062221</b> 1. Entity Name <b>SINGER ISLAND LUXURY LIFESTYLES, LLC</b>					
Principal Place of Business <b>2010 SEABIRD WAY</b> <b>RIVIERA BEACH, FL 33404 US</b>			Mailing Address <b>2010 SEABIRD WAY</b> <b>RIVIERA BEACH, FL 33404 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01072005 Chg-LLC CR2E083 (10/03)			4. FEI Number <b>20-1537711</b>		
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 <b>ZUCHOWSKI, BARBARA</b> <b>2010 SEABIRD WAY</b> <b>RIVIERA BEACH, FL 33404</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee Is \$50.00</b> <b>Due by May 1, 2005</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCHOWSKI, BARBARA 2010 SEABIRD WAY RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Barbara Zuchowski</i>			1/7/05		361-841-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #