**FILED**
**Apr 18, 2007 08:00 AM**
**Secretary of State**

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062221

1. Entity Name
SINGER ISLAND LUXURY LIFESTYLES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2010 SEABIRD WAY<br>RIVIERA BEACH, FL 33404 US | 2010 SEABIRD WAY<br>RIVIERA BEACH, FL 33404 US |

**DO NOT WRITE IN THIS SPACE**

04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1537711

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZUCHOWSKI, BARBARA
2010 SEABIRD WAY
RIVIERA BEACH, FL 33404

**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 _____ DATE
Signature, typed as printed name of registered agent and title if applicable (NOTE: Registered agent signature required when changing)

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | ZUCHOWSKI, BARBARA |
| STREET ADDRESS | 2010 SEABIRD WAY |
| CITY-ST-ZIP | RIVIERA BEACH, FL 33404 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

U00000714023
04/27/07-80006-023 50.00

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 605, Florida Statutes.

SIGNATURE: Barbara Zuchowski 4/13/07 561-841-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #