
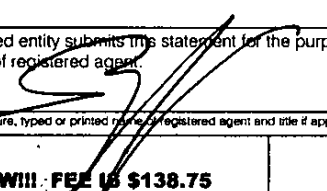
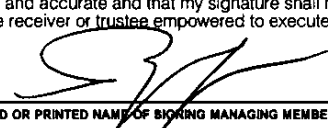


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90128 004 \*\*\*138.75

<b>DOCUMENT # L04000084939</b> 1. Entity Name <b>FUTURE LIFESTYLE CONSULTANTS, LLC</b>					
Principal Place of Business <b>128 GRAND PALM WAY PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>128 GRAND PALM WAY PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business - No P.O. Box # <b>244 Locha Drive</b>		3. Mailing Address <b>244 Locha Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jupiter FL</b>		City & State <b>Jupiter FL</b>		4. FEI Number <b>20-1929889</b>	
Zip <b>33458</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANGERMANO, PETER J JR 128 GRAND PALM WAY PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name <b>Peter J. Sangermano, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>244 Locha Drive</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33458</b>		
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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANGERMANO, PETER J JR 128 GRAND PALM WAY PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Sangermano, Peter J. Jr. 244 Locha Drive Jupiter FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SAGNERMANO, DIANE 128 GRAND PALM WAY PALM BEACH GARDENS, FL 33418</b> <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		
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 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 608, Florida Statutes.					
<b>SIGNATURE:</b> 		Date <b>2-8-08</b> Daytime Phone # <b>561-745-3354</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					