


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State


05-22-2008 90515 044 ***138.75

DOCUMENT # L04000085801 1. Entity Name LIFESTYLE MANAGEMENT GROUP, LLC	
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Principal Place of Business 135 N. KNOWLES AVE. WINTER PARK, FL 32789 US	Mailing Address 4818 LONSDALE CIRCLE ORLANDO, FL 32817 US
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DO NOT WRITE IN THIS SPACE

60043857



04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2788062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, TAMMY F
4818 LONSDALE CIRCLE
WINTER PARK, FL 32817

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

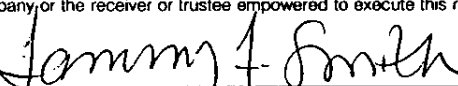
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TAMMY F 4818 LONSDALE CIRCLE ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

BILL DONEGAN, CFA
ORANGE COUNTY PROPERTY APPRAISER
200 S. Orange Avenue, Suite 1700
Orlando, Florida 32801-3438
407-836-5049

ATTACHMENT

Account Number

REG147133
NAICS 621340

2008 Tangible Personal Property Tax Return

Confidential §193.074 F.S.

As Required by §193.052 & §193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of Orange

Business Name (DBA - Doing Business As) And Mailing Address

#BWNCMZL
#REG147133 9#
LIFESTYLE MANAGEMENT GROUP LLC
135 N KNOWLES AVE
WINTER PARK FL 32789-3851

WINTER PARK
MILL CODE: 06

EXEMPTION CODE:

135 N KNOWLES AVE
WINTER PARK 32789



Federal Employer Identification No.

05-22-30-9400-29-080

Social Security Number

11938

10336

NAICS

If name or mailing address is incorrect, make necessary corrections in this box.

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of owner or person in charge of this business.

Name TAMMY SMITH Telephone _____

Corporate Name _____

2. Actual physical location of property for which this return is filed (Street Address - Not P.O. Box)

SOME

3. Is your business or farm located within the incorporated limits of a city? Yes X No _____

What city? ORLANDO

4. Do you file a Tangible Personal Property Tax Return under any other name? Yes _____ No X

Please show name exactly as it appeared on your most recent Personal Property Tax Bill or other current Tax Return. _____

5. Date you began business in this county: 1/1/05 Fiscal Year: 12/13

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes X No _____

6. Describe the type or nature of your business: PERSONAL TRAINER

7. Trade Level (Check as many as apply)

☐ Retail ☐ Wholesale ☐ Manufacturing ☒ Professional
☒ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other

8. Did you file a Tangible Personal Property Return in this county last year? Yes X No _____

If so, under what name and where? SOME

9. Former owner of the business: _____

9a: If the business sold, to whom? _____ Date Sold _____

Personal Property Summary
THIS IS A SUMMARY SCHEDULE ONLY.

The schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below.
ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

- | | Taxpayer's Estimate
Of Fair Market
Value | Original
Installed
Cost | Appraiser's
Use Only |
|------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------|-------------------------|
| 10. Office Furniture & Office Machines & Library | | 423 | |
| 11. EDP Equipment, Computers, Word Processors | | | |
| 12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc. | | | |
| 13. Machinery and Manufacturing Equipment | | | |
| 14. Farm, Grove, and Dairy Equipment | | | |
| 15. Professional, Medical, Dental & Laboratory Equipment | | 14580 | |
| 16. Hotel, Motel, & Apartment Complex | | | |
| 16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances | | | |
| 17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.) | | | |
| 18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools | | | |
| 19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc. | | | |
| 20. Leasehold Improvements (grouped by type, year of installation and description) | | | |
| 21. Pollution Control Equipment | | | |
| 22. Equipment owned by you but rented, leased or held by others | | | |
| 23. Supplies - Not Held for Resale | | | |
| 24. Other - Please Specify | | | |

TOTAL PERSONAL PROPERTY

15003

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

Date: _____ Title: _____

Signed: _____

Signed: Michael G. Lee (Preparer)

Address: _____

Phone: 407 521 8977 Preparer's I.D. #: _____

Less Exemption:

☐ Widow ☐ Widower ☐ Blind ☐ Total Disability ☐ Other

Taxable Value:

Deputy: _____

Penalty: _____

PLEASE SIGN, DATE YOUR RETURN, AND SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.

