

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050773

FILED
Feb 26, 2008
Secretary of State

Entity Name: LIFESTYLE VENTURES L.L.C.

Current Principal Place of Business:

3480 GARCIA ST
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

3480 GARCIA ST
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 20-2960274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVY, LISA
Address: 3480 GARCIA ST
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM () Delete
Name: WOLFINGER, ABRAHAM
Address: 3480 GARCIA ST
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABRAHAM WOLFINGER

MGRM

02/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date