

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050773

FILED  
May 11, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

05/11/2009

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