


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000110420</b> 1. Entity Name <b>LIFESTORIES, LLC</b>	
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Principal Place of Business <b>2694 IRMA LAKE DRIVE</b> <b>WEST PALM BEACH, FL 33411</b>	Mailing Address <b>2694 IRMA LAKE DRIVE</b> <b>WEST PALM BEACH, FL 33411</b>
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03232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>43-2092886</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HATHAWAY, FRANCES H</b> <b>2694 IRMA LAKE DRIVE</b> <b>WEST PALM BEACH, FL 33411</b>	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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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 retreating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

000000679132  
04/03/07-80028-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	V,P,
NAME	HATHAWAY, HARVEY R
STREET ADDRESS	2694 IRMA LAKE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## DO NOT WRITE 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:** Frank Hathaway      3-22-07      561/616-0710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #