

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022963

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: LIFESTYLE CONSTRUCTION LLC

**Current Principal Place of Business:**

320 N. CONGRESS AVE  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 N. CONGRESS AVE  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 20-4468221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUPAIOLE, MICHAEL  
3817 COELEBS AVE.  
BOYNTON BEACH, FL 33436 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: CUPAIOLE, MICHAEL  
Address: 320 N. CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM ( ) Delete  
Name: CUPAIOLE, KATHLEEN  
Address: 320 N. CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: V ( ) Delete  
Name: BRAVO, VLADIMIR  
Address: 2962 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: V (X) Delete  
Name: MUNOZ, OSCAR  
Address: 1980 NW 4TH AVE  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL CUPAIOLE

MGRM

02/25/2009

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