## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075393					,			
LIFEWORKS ENTERPRISES, L.L.C.								
			1/2	7	ISEP 20 PI	4 1: 54		
Principal Plac	e of Business	Mailing Address				STATE		
1966 EAST V	MILLESDON DR	1966 EAST WILLESDON DR		S	ELLLIPRI UT LLIHRSSEE.	FLUBULE		
JACKSONVILL	.E, FL 32246	JACKSONVILLE, FL 32246		41	LL CHICKE			
<del></del>	<del> </del>							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2542 Carriage Lamp Dr. 2542 Carriage			age Ta	mp Dr	H FALIS CALL CRIS CRIS CRIS			l
Suite, Apt.		Suite, Apt. #, etc.	uye bu	09132007	Chg-LLC	CR2E083	(12/06)	
City & Stat	e	City & State		4. FEI Num	<u> </u>		Applied Fo	Y .
Jack	sonville FL	Jacksonville					Not Applica	
Zip 3224	Country	Zip (	Country	5. Certificat	e of Status Desired		.00 Additional Required	
322	6. Name and Address of Current F			7. Name an	d Address of New R	<del></del>		
PENLIEL V	WILLIAM R		Name P.e	nnuel, Wil	liam R.			
6821 SOU	THPOINT DR NORTH		Street Address (P.O. Box Number is Not Acceptable) 13361 Atlantic Blvd					
JACKSON	WILLE, FL 32216		13	361 Atlant	1C BIVO.			
			City			FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its regi		cksonville			32225 liár with and acc	ent
<ol> <li>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.</li> </ol>								
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE: Rec	nistered Anent signat	ure required when reinstating)		DATE		
		(voising		3,			· · · · · · · · · · · · · · · · · · ·	
Fil	ling Fee is \$50.00 by September 14, 2007					e check paya Department		
bue by September 14, 2007					riorida	Department	OI State	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
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