2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008
Secretary of State

DOCUMENT# L07000084313

Entity Name: BETTER LIVING ENTERPRISES OF PORT ST. LUCIE, LLC

Current Principal Place of Business:

8663 TIERRA LAGO DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

8663 TIERRA LAGO COVE
LAKE WORTH, FL 33467

Current Mailing Address:

8663 TIERRA LAGO DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

8663 TIERRA LAGO COVE
LAKE WORTH, FL 33467

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MURCHIE, GERALD R
8663 TIERRA LAGO DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

MURCHIE, GERALD R
8663 TIERRA LAGO COVE
LAKE WORTH, FL 33467 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: 07/23/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MURCHIE, GERALD R
Address: 8663 TIERRA LAGO DRIVE
City-St-Zip: LAKE WORTH, FL 33467 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MURCHIE, GERALD R
Address: 8663 TIERRA LAGO COVE
City-St-Zip: LAKE WORTH, FL 33467 FL

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: GERALD R. MURCHIE MGRM 07/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date