

6. 10/10/98

2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 14 AM 11:13

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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|---------------------------------------|--|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company LIFEEVENTS, L.C. 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308 | DOCUMENT # L96000000766 |
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| 1a. Principal Place of Business Address 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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| 3. Date Organized or Qualified 07/19/1996 | 3a. State of Formation FL |
| 4. FEI Number 59-3395629 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report 04/02/1997 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent BISCHOFF, WILLIAM S ESQ. 3691 DEXTER DRIVE TALLAHASSEE FL 32312 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code MIAMI |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGR | SHERIDAN, MICHAEL H | 3081 O'BRIEN DRIVE | TALLAHASSEE FL |
| MGR | TORNILLO, PAT L JR. | 2929 S.W. 3RD AVENUE | MIAMI FL |

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-08/18/98-01030-003
***188.75 ***188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  MICHAEL H SHERIDAN 8/5/98 850-894-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



LifeEvents, L.C.

Document:
L 96000000766

Florida Department of State

8/5/98

Attached is a check for \$186.75 for
the annual report for LifeEvents, LC, FEI Number 59-3395629.

Please waive the \$400 late fee. We have no
evidence of receiving the initial notice (or any other
notice). Perhaps the problem arose when we failed to
change our name from LifePhase to the present LifeEvent,
which we did by application to your department, with a
check for \$2.50 on December 10, 1998.

Thank you for your cooperation.

Michael H. Sherrin

Managing Member