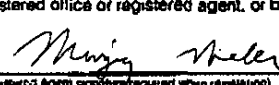


FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 049 ****50.00

ANNUAL REPORT (AR)

DOCUMENT # L96000000766																																															
1. Entity Name LIFEEVENTS, L.C.																																															
Principal Place of Business 2840-A MITCHAM DRIVE TALLAHASSEE FL 32308 3103 SESSIONS RD. TALLAHASSEE, FL 32303			Mailing Address 2840-A MITCHAM DRIVE TALLAHASSEE FL 32308 3103 SESSIONS RD TALLAHASSEE, FL 32303																																												
2. Principal Place of Business 3103 SESSIONS RD			3. Mailing Address 3103 SESSIONS RD																																												
Suite, Apt. #, etc. Tallahassee, FL			Suite, Apt. #, etc. Tallahassee, FL																																												
City & State			City & State																																												
Zip 32303	Country USA	Zip 32303	Country USA	4. FEI Number 59-3395629																																											
				Applied For Not Applicable																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																															
6. Name and Address of Current Registered Agent BISCHOFF, WILLIAM S ESQ. 3691 DEXTER DRIVE TALLAHASSEE FL 32312			7. Name and Address of New Registered Agent																																												
			Name																																												
			Street Address (P.O. Box Number is Not Acceptable)																																												
			City																																												
			FL Zip Code																																												
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   4/30/04 By signing, typed or printed name of registered agent and fee 4 applicable (NOTE: Registered Agent signature required when reappointing) DATE																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																															
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGR SHERIDAN, MICHAEL H 3081 O'BRIEN DRIVE TALLAHASSEE FL 32308</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGR SHERIDAN, MICHAEL H. 3103 SESSIONS RD TALLAHASSEE, FL 32303</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGR SHERIDAN, STEVEN M 3081 O'BRIEN DRIVE TALLAHASSEE FL 32308</td> <td>☒ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERIDAN, MICHAEL H 3081 O'BRIEN DRIVE TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERIDAN, MICHAEL H. 3103 SESSIONS RD TALLAHASSEE, FL 32303	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERIDAN, STEVEN M 3081 O'BRIEN DRIVE TALLAHASSEE FL 32308	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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11. I 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 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:  4/30/04 870-528-0715 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone																																															

MICHAEL H. SHERIDAN

04/23/2004 09:55AM