FROM CARROLL & COMPANY (FRI)APR 23 2004

FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90447 049 ****50.00

MOORE CR2E083 (11/03)

ANNUAL REPORT (AR)

DOCUMENT # L96000000766

1. Entity Name
LIFEEVENTS, L.C.

Principal Place of Business	Mailing Address
~~3640-A MITCHAM DRIVE~~ ~~TALLAHASSEE FL 32308~~ 3103 SESSIONS RD. TALLAHASSEE, FL 32303	~~3640-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 [signature] [signature] 4/30/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

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 32309	☒ 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

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: [signature] 4/30/04 850-528-0715
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