

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005116 AF

DOCUMENT # L99000005475

1. Entity Name
ELEMENTS FOR LIVING, LLC

00 APR 24 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % RUTH MERRITT 3100 N. OCEAN BLVD., #1008 FT. LAUDERDALE FL 33308	Mailing Address % RUTH MERRITT 3100 N. OCEAN BLVD., #1008 FT. LAUDERDALE FL 33308-7190
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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MINUM

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LEFKOWITZ, WILLIAM H 2601 E. OAKLAND PARK BLVD., SUITE 208 FT. LAUDERDALE FL 33306	7. Name and Address of New Registered Agent Name WILLIAM H. LEFKOWITZ Street Address 3100 N. OCEAN BOULEVARD #1008 FT LAUDERDALE FLORIDA 33308 City FL Zip Code
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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.

SIGNATURE William H. Lefkowitz, Registered Agent DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003244951--3
-05/09/00--01097--008
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRITT, RUTH 3100 N. OCEAN BLVD., #1008 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ruth Merritt, Manager DATE April 20, 2000 DAYTIME PHONE # 954-564-6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CP2E083 (9/99)