

2000 UNIFORM BUSINESS REPORT (UBR)

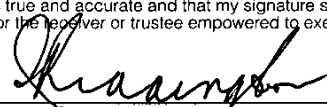
**** AMENDED ****

FILED

00 DEC 15 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99-8703				<p>FILED</p> <p>00 DEC 15 AM 10:53</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>DO NOT WRITE IN THIS SPACE</p>	
1. Entity Name REAL LIFE SOLUTIONS L.C.					
Principal Place of Business 277 ROYAL POINCIANA WAY #217 PALM BEACH FL 33480		Mailing Address			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 650967517 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
		Name		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Department of State</p>					
9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	OPERATING MANAGER		TITLE	800003510488--6	
NAME	IAN RIDDINGTON		NAME	-12/21/00--01058--019	
STREET ADDRESS	277 ROYAL POINCIANA WAY #217		STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	VICE OPERATING MANAGER		TITLE		
NAME	PHILIP DEBERARDINIS		NAME		
STREET ADDRESS	9081 AFFIRMED LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	MGR		TITLE		
NAME	JO-ANNE AHERNE		NAME		
STREET ADDRESS	277 ROYAL POINCIANA WAY #217		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	MGR		TITLE		
NAME	SANDRA DEBERARDINIS		NAME		
STREET ADDRESS	9081 AFFIRMED LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE			TITLE		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			12/2/00		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date		
			Daytime Phone #		

CR2E083 (11/99)