2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State
08-06-2004 90060 042 ****50.00

DOCUMENT # M00000001691

1. Entity Name
SLENDER LIFE PORT CHARLOTTE, LLC

Principal Place of Business	Mailing Address
2592 TAMIAMI TR. STE 282C PORT CHARLOTTE, FL 33952	2592 TAMIAMI TR. STE 282C PORT CHARLOTTE, FL 33952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02282003 Chg-LLC CR2E083 (10/03)

4. FEI Number: 88-0468820 — Applied for / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUARIEA, LOUIS D ~~20373 MADAGASCAR RD~~ ~~PUNTA GORDA, FL 33983~~ ~~SLENDER LIFE~~ 9761 Eagle Preserve Ave. Englewood, FL 34224	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 8, 2004		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUARIEA, LOUIS D ~~20373 MADAGASCAR RD~~ ~~PUNTA GORDA, FL 33983~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~SLENDER LIFE~~ 9761 Eagle Preserve Ave. Englewood, FL 34224 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUARIEA, SHARON ~~20373 MADAGASCAR RD~~ ~~PUNTA GORDA, FL 33983~~ ☐ 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: Louis Puariea 5/6/04 941-628-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #