
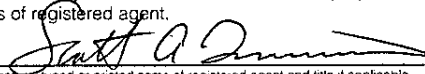


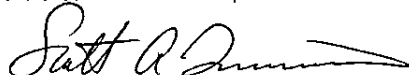
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90116 004 \*\*\*\*50.00

<b>DOCUMENT # M02000000472</b>			
1. Entity Name <b>INSPIRED LIFE DEVELOPMENT, LLC</b>			
Principal Place of Business <b>6003 ANNO AVE ORLANDO FL 32809</b>		Mailing Address <b>6003 ANNO AVE ORLANDO FL 32809</b>	
2. Principal Place of Business <b>4700 Millenia Blvd.</b>		3. Mailing Address <b>4700 Millenia Blvd.</b>	
Suite, Apt. #, etc. <b># 175</b>		Suite, Apt. #, etc. <b># 175</b>	
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>	
Zip <b>32839</b>	Country <b>USA</b>	Zip <b>32839</b>	Country <b>USA</b>
4. FEI Number <b>59-3509780</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DENNISON, SCOTT A 6003 ANNO AVE ORLANDO FL 32809</b>		7. Name and Address of New Registered Agent Name <b>Scott A DENNISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4700 Millenia Blvd.</b> <b># 175</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32839</b>	
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 <b>4/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNISON, SCOTT A 3343 S KIRKMAN RD SUITE 726 ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3355 S. Kirkman Rd, Suite 1325 ORLANDO, FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERNE, HARRISON M 7981 ST ANDREWS CIR ORLANDO FL 32835 <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
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
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
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:**  **4/12/04** **407-240-4479**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #