


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/3/2

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90038 010 \*\*\*\*50.00

<b>DOCUMENT # M03000004099</b>					
<b>1. Entity Name</b> SUNCOAST LIFE STYLES, LLC					
<b>Principal Place of Business</b> 100 ATLANTA TECHNOLOGY CENTER, STE 200 1575 NORTHSIDE DR, NW ATLANTA, GA 30318			<b>Mailing Address</b> 100 ATLANTA TECHNOLOGY CENTER, STE 200 1575 NORTHSIDE DR, NW ATLANTA, GA 30318		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07062004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> APPLIED FOR 20-0842679				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Rob Mayer 1575 Northside Drive NW #200 Atlanta, Ga 30318 <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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> _____			8-25-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		

Attachment

X

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501-0023

34610562  
#M03000004099

Date of this notice: 03-23-2004

Employer Identification Number:  
20-0842679

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933

SUNCOAST LIFE STYLES LLC  
MEYER ROBERT G MEMBER  
100 ATLANTA TECHNOLOGY CENTER  
ATLANTA GA 30318

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

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WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-0842679. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

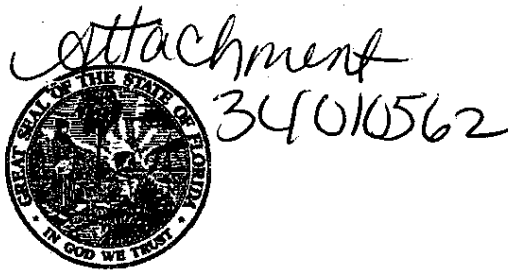
Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2004

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, ~~you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).~~



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 8, 2004

SUNCOAST LIFE STYLES, LLC  
100 ATLANTA TECHNOLOGY CENTER, STE 200  
1575 NORTHSIDE DR, NW  
ATLANTA, GA 30318

Subject: SUNCOAST LIFE STYLES, LLC

Reference Number: M03000004099

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION