2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 08:00 AM Secretary of State

Zip Country Zip Country S. Centificate of Status Desired \$5.00 Additional fee Required Fee Requir	DOCUMENT # M0300004099 1. Entity Name SUNCOAST LIFE STYLES, LLC						Šecreta	ry of State	!
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country A, Certification of Stratus Desired Fee Required Fee Required C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Filling Fee its \$50.00 Due by May 1, 2006 Make check payable to Florida. Fem femiliar with, and at the obligations of registered agent. SIGNATURE MGR MGR MGRER ROB SIRET ADDRESS OTH-51-2P TITLE MMK SIRET ADDRESS OTH-51-2P TITLE MMK SIRET ADDRESS OTH-51-3P TITLE MMK S	100 ATLANT	A TECHNOLOGY CENTER, STE 200 Iside Dr, NW	100 ATLANTA TECHNO 1575 NORTHSIDE DR.	LOGY CE	ENTER, STE 200				
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 em familiar with, and as the obligations of registered agent. SIGNATURE Equative, byted or protest came of repotated separt and their applicates. ROTE Registered Agent signature requires remarked when refreshing) Date Filling Fee its \$50.00 Due by May 1, 2006 RANAGING MIEMBERS (MANAGERS 10. ADDITIONS/CHANAGES 10. ADDITIONS/C		6. Name and Address of Current F	legistered Agent			7. Name an	d Address of New F	legistered Agent	
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RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE