

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001261

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** LIFESTYLE RENTALS, L.L.C.

**Current Principal Place of Business:**

2122 MEETING HOUSE RD.  
CINNAMINSON, NJ

**New Principal Place of Business:**

1015 W. BELL ST  
ATTN OFFICE  
AVON PARK, FL 33825 US

**Current Mailing Address:**

2122 MEETING HOUSE RD.  
CINNAMINSON, NJ

**New Mailing Address:**

2122 MEETING HOUSE RD.  
CINNAMINSON, NJ 08077 US

FEI Number: 22-3533078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

REIDER, ALAN P  
18 EAGLE CREST PATH  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REIDER, ALAN P  
Address: PO BOX 354307  
City-St-Zip: PALM COAST, FL 32135

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REIDER, ALAN P  
Address: PO BOX 354307  
City-St-Zip: PALM COAST, FL 32135 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN P. REIDER

MGRM

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date