


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000104464	
1. Entity Name LIFESTYLE REALTY OF S.W. FLORIDA INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 16 PM 4:20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1342 COLONIAL BLVD		3. Mailing Address 13863 PINE VILLA LANE	
Suite, Apt. #, etc. BIDG 4-56		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33907	Country LEE	Zip 33912	Country LEE

100010134641
01/15/03--01072--009 **300.00

REINSTATEMENT

02-03

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name GARY HENRION	
Street Address (P.O. Box Number is Not Acceptable) 13863 PINE VILLA LANE	
City FORT MYERS	State FL
Zip 33912	

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 <i>Gary Henrion</i> Signature, typed or printed name of registered agent and title if applicable.	DATE JAN 13, 2003 (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY HENRION 13863 PINE VILLA LANE FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Gary Henrion</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-13-03 239-481-0400 Daytime Phone #

CR2E034B (12/02)

1/16/03