
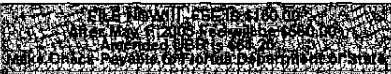


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80143531

DOCUMENT # P02000109802				
1. Entity Name LIFE STREAM PROPERTIES INC.				
Principal Place of Business POST OFFICE BOX 15965 PLANTATION, FL 33318		Mailing Address POST OFFICE BOX 15965 PLANTATION, FL 33318		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0812040
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARVEY, MICHAEL G 4182 TRENTON AVENUE COOPER CITY, FL 33028			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			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 am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>(Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent Signature required when submitting)</small>				
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVEY, JEAN POST OFFICE BOX 15965 PLANTATION, FL 33318 <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	VD GARVEY, MICHAEL G POST OFFICE BOX 15965 PLANTATION, FL 33318 <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	SD GARVEY, MARJORIE K POST OFFICE BOX 15965 PLANTATION, FL 33318 <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	TD GARVEY, MICHAEL JR. POST OFFICE BOX 15965 PLANTATION, FL 33318 <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	
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 reports 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.				
SIGNATURE: <i>[Signature]</i> MICHAEL GARVEY			08.20.03 954-28-8103	

CR2E034 (10/02)

attachment

80143531
#P02000109802

Date 08/20/03

Division of corporations
Uniform Business Report filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir/ Madam

The document # P02000109802 UBR form was never received by my office. I am therefore requesting that you waive the late fee. Enclose is the original filing fee of \$150.00 plus \$8.75 for certificate of status desired. Thank you.

Sincerely


Michael Garvey VP