

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034969

1. Entry Name
 STACY LYNN, LLC



Principal Place of Business
 2875 NE 191ST STREET
 SUITE 400
 AVENTURA, FL 33180

Mailing Address
 2875 NE 191ST STREET
 SUITE 400
 AVENTURA, FL 33180



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1177275 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPADAKIS, JOAN
 2875 NE 191ST STREET STE 400
 AVENTURA, FL 33180

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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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

110000467417
 03/23/06-80047-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME STUDNIK, STACY
 STREET ADDRESS 2875 NE 191ST STREET STE 400
 CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGRM
 NAME STUDNIK, SHANI
 STREET ADDRESS 2875 NE 191ST STREET STE 400
 CITY-ST-ZIP AVENTURA, FL 33180

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 STREET ADDRESS
 CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: STACY STUDNIK 02-15-06 305-370-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #