


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 006 ****50.00

DOCUMENT # L03000020286

1. Entity Name
POP LOLLIES OF TAMPA BAY, L.L.C.



Principal Place of Business
**3407 S. DALE MABRY HWY.
 TAMPA, FL 33629-8601**

Mailing Address
**3407 S. DALE MABRY HWY.
 TAMPA, FL 33629-8601**

24063845



2. Principal Place of Business
2507 S. Dale Mabry

3. Mailing Address
SHINE

Suite, Apt. #, etc.
Suite G

Suite, Apt. #, etc.
SHINE

City & State
Tampa FL

City & State
SHINE

Zip
33629

Country
FL

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3765456

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KOSSES, VANESSA
 3407 S. DALE MABRY HWY.
 TAMPA, FL 33629-8601**

7. Name and Address of New Registered Agent
 Name **Pop-Lollies / Vanessa Kosses**
 Street Address (P.O. Box Number is Not Acceptable)
2307 S. Dale Mabry Hwy Suite G
 City **Tampa** FL Zip Code **33629**

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 _____

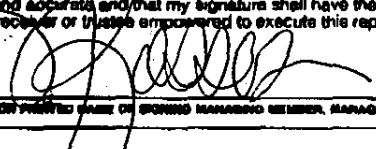
Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when remaining)

Filing Fee \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM VANESSA E. KOSSES
STREET ADDRESS		STREET ADDRESS	4011 W. FAIR OAKS AVE.
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33611
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM GENA MITCHELL
STREET ADDRESS		STREET ADDRESS	2509 W. EDGEWOOD
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM TINA CASH
STREET ADDRESS		STREET ADDRESS	4113 SAN LUIS
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM TERRY D. PENNINGTON
STREET ADDRESS		STREET ADDRESS	3218 FAIR OAKS AVE
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33611
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	WENHUA
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **4/30/04** 888358200

Signature, title or printed name of serving managing member, manager, or authorized representative