2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

SCAN

DOCUMENT # L03000042219

1. Entity Name
ANNABELLA'S, LLC

Principal Place of Business	Mailing Address
1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 US	1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 US

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0353676
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, FRANK JR.
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407

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

Filing Fee is $50.00
Due by May 1, 2007

9	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WOOD, FRANK JR.
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WOOD, VALORIE
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR
STREET ADDRESS	3614 PRESERVE BLVD.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	MGRM
NAME	REED, MIKE
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	REED, MYRA
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80003-010 50.00

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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: Frank Wood 1-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #