

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90174 019 ***143.75

60025364



04012008No Chg-LLC CR2E083 (12/07)

DOCUMENT # L03000042219

1. Entity Name
 ANNABELLA'S, LLC



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

Mailing Address
 1815 TURNER WOOD LANE
 PANAMA CITY BEACH, FL 32407 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0353676	Applied For - Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, FRANK JR. 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, VALORIE 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR 3644 PRESERVE BLVD. PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, MIKE 500 W. 19TH STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, MYRA 500 W. 19TH STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Date: 4-1-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #