


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L04000009734**

1. Entity Name  
**LOLA ENTERPRISES, LLC**



Principal Place of Business <b>4547 LASSASSIER DRIVE          PENSACOLA, FL 32504</b>	Mailing Address <b>4547 LASSASSIER DRIVE          PENSACOLA, FL 32504</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0935604</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MYSLAK, HATICE L  
 4547 LASSASSIER DRIVE  
 PENSACOLA, FL 32504**

**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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MYSLAK, HATICE L 4547 LASSASSIER DRIVE PENSACOLA, FL 32504</b>
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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:** *H. A. Myslak* **1-4-07** **8503930016**

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