



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90055 004 ****50.00

DOCUMENT # L04000093696					
1. Entity Name THE LOBLOLLY FUND, LLC					
Principal Place of Business 7407 SE HILL TERRACE HOBE SOUND, FL 33455			Mailing Address 7407 SE HILL TERRACE HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
--Suite, Apt. #, etc.--		Suite, Apt. #, etc.--			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORNETT, JANE L ESQ 401 E. OSCEOLA STREET STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Chairman Mary Kay Farley 7407 SE Hill Terrace Hobe Sound, FL 33455		
			Trustee John Sullivan 7407 SE Hill Terrace Hobe Sound, FL 33455		
			Trustee John Jones 7407 SE Hill Terrace Hobe Sound, FL 33455		
			Trustee John Keller 7407 SE Hill Terrace Hobe Sound, FL 33455		
			Trustee Bob Myers 7407 SE Hill Terrace Hobe Sound, FL 33455		
			Trustee Don McCree 7407 SE Hill Terrace Hobe Sound, FL 33455		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4/22/05		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					