

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037370

FILED
Apr 24, 2007
Secretary of State

Entity Name: IT'S FABULOUS, LLC

Current Principal Place of Business:

450 S GERONIMO STREET,
305
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

450 S GERONIMO STREET,
305
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 90-0278960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUSE, PAULA F
450 S GERONIMO STREET
305
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRUSE, PAULA F
Address: 450 S GERONIMO STREET #305
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGRM () Delete
Name: DRUSE, MICHAEL S
Address: 450 S GERONIMO STREET #305
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGRM () Delete
Name: TOWNSEND, DAVID S
Address: 103 STILL OAKS COVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: TOWNSEND, DONNA M
Address: 103 STILL OAKS COVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: WALTON, NICKOLAUS E
Address: 50 MARLIN STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: WALTON, CHERYL L
Address: 50 MARLIN STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAULA DRUSE

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date