

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 29, 2008
Secretary of State**

DOCUMENT# L06000024952

Entity Name: LINEN N LACE, LLC

Current Principal Place of Business:

265 S.W. PORT ST. LUCIE BLV.
#190
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

265 S.W. PORT ST. LUCIE BLV.
#190
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, ZUANNAH A
2268 S.E. LONGHORN AVE.
PORT ST. LUCIE, FL 34952 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: HOLMES, ZUANNAH A
Address: 2268 S.E. LONGHORN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: TEMENG-HOLMES, DORIS A
Address: 2268 S.E. LONGHORN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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: ZUANNAH A. HOLMES MGRM 04/29/2008

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