


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90205 048 ****50.00

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DOCUMENT # M06000006606							
1. Entity Name LOIS PENSACOLA LLC							
Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584		Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01152007 Chg-LLC CR2E083 (12/06)			
Zip		Country		4. FEI Number 20-5943583			
				Applied For Not Applicable			
				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				
BEYER, DAVID A 101 E. KENNEDY BLVD., SUITE 2000 C/O DLA PIPER US LLP TAMPA, FL 33602			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, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SEAMAN, JEFFREY	NAME					
STREET ADDRESS	400 PERIMETER CENTER TERRACE, #800	STREET ADDRESS					
CITY-ST-ZIP	ATLANTA, GA 30346	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	P.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	LEWIS STEIN				
STREET ADDRESS		STREET ADDRESS	11540 Highway 92 EAST				
CITY-ST-ZIP		CITY-ST-ZIP	SEFFNER FL 33584				
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	JEFFREY FINKEL				
STREET ADDRESS		STREET ADDRESS	400 Perimeter Center Terrace NE, Ste 800				
CITY-ST-ZIP		CITY-ST-ZIP	Atlanta, GA 30346				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Peter Westgater				
STREET ADDRESS		STREET ADDRESS	400 Perimeter Center Terrace NE, Ste 800				
CITY-ST-ZIP		CITY-ST-ZIP	Atlanta, GA 30346				
TITLE	<input type="checkbox"/> Delete	TITLE	V.S.F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	J. Michael Kettle				
STREET ADDRESS		STREET ADDRESS	400 Perimeter Center Terrace NE, Ste 800				
CITY-ST-ZIP		CITY-ST-ZIP	Atlanta, GA 30346				
TITLE	<input type="checkbox"/> Delete	TITLE	V.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	JAMIE SUECK				
STREET ADDRESS		STREET ADDRESS	11540 Hwy 92 EAST				
CITY-ST-ZIP		CITY-ST-ZIP	SEFFNER FL 33584				
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: _____		LEWIS STEIN - PRES		1/26/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			