## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013370

1. Entity Name
LOLA CMJ, LLC



Principal Place of Business

5055 COLLINS AVENUE #1F MIAMI BEACH, FL 33140 Mailing Address

5055 COLLINS AVENUE #1F MIAMI BEACH, FL 33140 FILED
May 03, 2007 08:00 A
Secretary of State



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1123943

Applied For Not Applicable

5. Certificate of Status Desired

de

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

₿.	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.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000760231 05/25/07-80003-013 55.00

9	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OPHIR, CARMEL
STREET ADDRESS	5055 COLLINS AVENUE #1F
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NANE	,
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	<b>,</b>
TITLE	
KANE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	•
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 eath; 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:

04/3./07

308-342-3770

.

Daytime Phone #