

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002307

Entity Name: LUJEANS, L.L.C.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

4110 SOUTHEAST SALERNO ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2800 N. FLAGLER DRIVE, #911
WEST PALM BEACH, FL 33407

New Mailing Address:

3229 SE CYPRESS STREET
STUART, FL 34997 US

FEI Number: 32-0007112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVILLE, LUCILLE
2800 N. FLAGLER DRIVE, #911
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

REVILLE, LUCILLE
3229 SE CYPRESS ST
STUART, FL 34997 US

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: LUCILLE REVILLE

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REVILLE, LUCILLE
Address: 2800 N. FLAGLER DRIVE, #911
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: NEGRYCH, JEAN
Address: 2800 N. FLAGLER DRIVE, #911
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REVILLE, LUCILLE
Address: 3229 SE CYPRESS ST
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change () Addition
Name: NEGRYCH, JEAN
Address: 3229 SE CYPRESS ST
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCILLE REVILLE

MGR

02/22/2006

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