2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000002307

1. Entity Name
LUJEANS, L.L.C.

Principal Place of Business	Mailing Address
4110 SOUTHEAST SALERNO ROAD STUART, FL 34997	3229 SE CYPRESS STREET STUART, FL 34997 US

01122007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0007112

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REVILLE, LUCILLE
3229 SE CYPRESS ST
STUART, FL 34997

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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: Lucille Reville 1-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REVILLE, LUCILLE
STREET ADDRESS	3229 SE CYPRESS ST
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGRM
NAME	NEGRYCH, JEAN
STREET ADDRESS	3229 SE CYPRESS ST
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: Lucille Reville 1-24-07 772 287 9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #