



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90028 020 ****50.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # L02000014355 1. Entity Name LEWIS CAPITAL LLC | | | |  | |
| Principal Place of Business 4555 AINSLEY PLACE SARASOTA, FL 34234 | | | Mailing Address 4555 AINSLEY PLACE SARASOTA, FL 34234 | | |
| 2. Principal Place of Business - No P.O. Box # 1875 Oleander St Suite, Apt. #, etc. | | 3. Mailing Address 1875 Oleander St Suite, Apt. #, etc. | |  | |
| City & State Sarasota FL Zip Country 34239 USA | | City & State Sarasota FL Zip Country 34239 USA | | 01252007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 03-0464662 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent LEWIS, SARA P 4555 AINSLEY PLACE SARASOTA, FL 34234 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1875 Oleander St City Sarasota FL Zip Code 34239 | | | | 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 <u><i>Sara P Lewis</i></u> DATE <u>1/25/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEWIS, CLIFTON 4555 AINSLEY PLACE SARASOTA, FL 34234 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1875 Oleander St Sarasota, FL 34239 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEWIS, SARA P 4555 AINSLEY PLACE SARASOTA, FL 34234 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1875 Oleander St. Sarasota, FL 34239 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Sara P Lewis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>Sara P. Lewis</u> <u>1/25/07</u> <u>941-953-4659</u> <small>Date Daytime Phone #</small> | | |