


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032129 1. Entity Name L.O.L., LLC	
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Principal Place of Business 5850 SW 73 STREET MIAMI, FL 33143	Mailing Address 6915 RED RD. STE 205 CORAL GABLES, FL 33143
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DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0655557	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

TAHA, DANNY S
6915 RED RD STE 205
MIAMI, FL 33143

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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 _____
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**

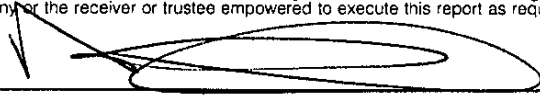
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAHA, SAMIR M 6915 RED RD. STE 205 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAHA, DANNY S 6915 RED RD. STE 205 CORAL GABLES, FL 33143
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05/16/07-80050-020 50.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/26/07 Daytime Phone #: 305 665640