

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000034969**

1. Entity Name  
**STACY LYNN, LLC**



Principal Place of Business  
**2875 NE 191ST STREET  
SUITE 400  
AVENTURA, FL 33180**

Mailing Address  
**2875 NE 191ST STREET  
SUITE 400  
AVENTURA, FL 33180**



01182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1177275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PAPADAKIS, JOAN  
2875 NE 191ST STREET STE 400  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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	MGRM
NAME	STUDNIK, STACY
STREET ADDRESS	2875 NE 191ST STREET STE 400
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	MGRM
NAME	STUDNIK, SHANI
STREET ADDRESS	2875 NE 191ST STREET STE 400
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
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05/08/07-80048-022 50.00

**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 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

**STACY STUDNIK**

**04-16-07**

Date

**305-370-7100**

Daytime Phone #