


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 037 \*\*\*\*50.00

| <b>DOCUMENT # L03000009811</b><br>1. Entity Name<br><b>LISA MARIE'S DOLLS, LLC</b>   |   |   |  |                                   |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|------------------------------|--|-----------------------|--|--|---|--|--|--|--|--|--|--|--|
| Principal Place of Business<br><b>600 RIVER BIRCH CT.<br/>APT. 346<br/>CLERMONT FL 34711</b>   |   |   | Mailing Address<br><b>12518 LAKE JOVITA BLVD.<br/>DADE CITY FL 33525</b>   |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><b>1500 Sunset Village Blvd</b><br><small>Suite, Apt. #, etc.</small>  |   | 3. Mailing Address<br><b>1500 Sunset Village Blvd</b><br><small>Suite, Apt. #, etc.</small> |  |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| City & State<br><b>Clermont, FL</b><br><small>Zip Country</small><br><b>34711</b>  |   | City & State<br><b>Clermont, FL</b><br><small>Zip Country</small><br><b>34711</b>           |  | 4. FEI Number<br><b>48-1305484</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |   |   |  | MOORE CR2E083 (11/03)  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BANNER, MICHAEL<br/>4244 W. TENNESSEE ST.<br/>#185<br/>TALLAHASSEE FL 32304</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Brett Eddy</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1500 Sunset Village Blvd</b><br>City <b>Clermont</b> <b>FL</b> Zip Code <b>34711</b> |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| 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.<br>SIGNATURE <u><b>Brett Eddy</b></u> <span style="float: right;">1-30-04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>   |   |   |  |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;">           TITLE <b>MGRM</b> <input type="checkbox"/> Delete<br/>           NAME <b>EDDY, LISA</b><br/>           STREET ADDRESS <b>600 RIVER BIRCH CT. APT 346</b><br/>           CITY-ST-ZIP <b>CLERMONT FL 34711</b> </td> <td style="width: 50%; padding: 5px;">           TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>           NAME <b>Eddy, Lisa</b><br/>           STREET ADDRESS <b>1500 Sunset Village Blvd</b><br/>           CITY-ST-ZIP <b>Clermont, FL 34711</b> </td> </tr> <tr> <td style="padding: 5px;">           TITLE <b>MGRM</b> <input type="checkbox"/> Delete<br/>           NAME <b>EDDY, MARIE</b><br/>           STREET ADDRESS <b>12518 LAKE JOVITA BLVD.</b><br/>           CITY-ST-ZIP <b>DADE CITY FL 33525</b> </td> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> </tr> <tr> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Delete<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> </tr> <tr> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Delete<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> </tr> <tr> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Delete<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> <td style="padding: 5px;">           TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>           NAME<br/>           STREET ADDRESS<br/>           CITY-ST-ZIP         </td> </tr> </tbody> </table> |   |   |  |  |  | 9. MANAGING MEMBERS/MANAGERS |  | 10. ADDITIONS/CHANGES |  | TITLE <b>MGRM</b> <input type="checkbox"/> Delete<br>NAME <b>EDDY, LISA</b><br>STREET ADDRESS <b>600 RIVER BIRCH CT. APT 346</b><br>CITY-ST-ZIP <b>CLERMONT FL 34711</b> | TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME <b>Eddy, Lisa</b><br>STREET ADDRESS <b>1500 Sunset Village Blvd</b><br>CITY-ST-ZIP <b>Clermont, FL 34711</b> | TITLE <b>MGRM</b> <input type="checkbox"/> Delete<br>NAME <b>EDDY, MARIE</b><br>STREET ADDRESS <b>12518 LAKE JOVITA BLVD.</b><br>CITY-ST-ZIP <b>DADE CITY FL 33525</b> | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><b>Risa Michelle Eddy</b></u> <span style="float: right;">2/2/04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |   |  |  |  |                              |  |                       |  |  |   |  |  |  |  |  |  |  |  |