2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000015717

1. Entity Name

MOLLIE JILL, LLC

Principal Place of Business	Mailing Address
19288 SKYRIDGE CIRCLE	19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498	BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
51-0465668	Not Applicable

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

6. Name and Address of Current Registered Agent

OPPENHEIM, DAVID B
19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498

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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	MGRM
NAME	OPPENHEIM, DAVID B
STREET ADDRESS	19288 SKYRIDGE CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	MGRM
NAME	OPPENHEIM, JENNIFER M
STREET ADDRESS	19288 SKYRIDGE CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____   4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #