2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000042219

1. Entity Name ANNABELLA'S, LLC

Principal Place of Business



Mailing Address

1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 US 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407

US

FILED
Jan 29, 2007 08:00 AM
Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0353676

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, FRANK JR. 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407

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| | above named entity submits this statement for the purpose of chabligations of registered agent. | anging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|---------|---|---|--|
| SIGNATI | URF | <u> </u> | <u> </u> |
| | Signature, typed or printed name of registered agent and tide if applicable | (NOTE Registered Agent signature required when reinstating) | DATE |
| | Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| HILE | MGRM | | |
| NAME | WOOD, FRANK JR. | | |

1815 TURNER WOOD LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE **MGRM** WOOD, VALORIE NAME 1815 TURNER WOOD LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 MGRM TITLE WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR NAME 3614 PRESERVE BLVD. STREET ADDRESS PANAMA CITY BEACH, FL 32408 CITY -ST-ZIP TITLE MGRM NAME REED, MIKE STREET ADDRESS **500 W. 19TH STREET** CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE **MGRM** REED, MYRA NAME **500 W. 19TH STREET** STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32405 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000668247 02/01/07-80003-010 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.

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|------------|------|-----|-----|---|
| SIGNATURE: | -LZ | unk | W | v |

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-07

Daytime Phone #