

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047602

Entity Name: LOLLY LU LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

230 SPRING STREET
SUITE 1637
ATLANTA, GA 30313 US

New Principal Place of Business:

Current Mailing Address:

3761 NE 25TH AVE
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 20-0421897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAXWELL FINANCIAL CONSULTING INC
1299 SW 4TH AVENUE
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MAXWELL CONSULTING INC
398 CAMINO GARDENS BLVD
SUITE 102
BOCA RATON, FL 33432 US

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.

SIGNATURE: DORATHEA M. MAXWELL

05/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, BABARA
Address: 3761 NE 25TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM () Delete
Name: FARBER, WHITNEY
Address: 2459 ELIZABETH ANN LANE NE
City-St-Zip: ATLANTA, GA 30324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA KNIGHT

MGMR

05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date