


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000058091 1. Entity Name LOIS AVENUE ASSOCIATES, L.L.C.	
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Principal Place of Business 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	Mailing Address 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1454776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEMBRI, JENIFER S
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

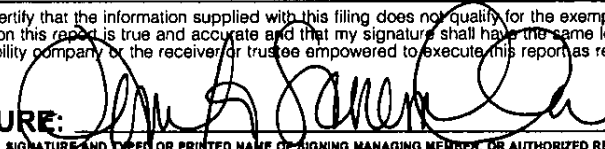
U00000951071
06/04/08-80017-014 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAND, DAVID S 240 S PINEAPPLE AVE SARASOTA, FL 34236
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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:  5/6/08 941-361-2753

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