


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000065517 1. Entity Name THE LOLLIPOP STOP, LLC	
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Principal Place of Business 4113 W SAN LUIS TAMPA, FL 33629	Mailing Address 4113 W SAN LUIS TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



07262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0194981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASH, TINA
4113 W. SAN LUIS
TAMPA, FL 33629**

**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

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASH, TINA 4113 W SAN LUIS TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, GENA 5904 CARLTON LANE BETHESDA, MD 20816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EATMAN, E. JERRY 4675 DOLPHIN CAY LANE S ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EATMAN, SUANNE 4675 DOLPHIN CAY LANE S ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/01/06-80004-014 55.00

**DO NOT WRITE
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:

Tina Cash

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

7/25/06

Date

813-453-3981

Daytime Phone #