


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90230 011 ****50.00

DOCUMENT # L04000070655 1. Entity Name LISA COMPANY, LLC	
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Principal Place of Business P. O. BOX 956 CRYSTAL BEACH, FL 34681	Mailing Address P. O. BOX 956 CRYSTAL BEACH, FL 34681
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1641546	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FANOVICH, RUTH 1321 NEBRASKA AVENUE PALM HARBOR, FL 34683
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**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FANOVICH, RUTH P. O. BOX 956 CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'BYRNE, LISA R 1415 ILLINOIS AVENUE PALM HARBOR, FL 34683
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**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: Ruth Farnovich 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #