


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000075785		
1. Entity Name 101 LOVEJOY, L.L.C.		
Principal Place of Business 101 LOVEJOY ROAD FORT WALTON BEACH, FL 32547	Mailing Address P.O. BOX 292 NICEVILLE, FL 32588	
DO NOT WRITE IN THIS SPACE		



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2154920	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 ANCHORS, C. LEDON 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MASSING, SANDRA C P.O. BOX 292 NICEVILLE, FL 32588
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MASSING, ALAN P.O. BOX 292 NICEVILLE, FL 32588
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUWANEE REALTY COMPANY 1980 MORGAN WAY BUFORD, GA 30518
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VJR ENTERPRISES, INC. 738 GLEN VALLEY WAY DACULA, GA 30019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PROKESCH, RICHARD C 3029 CRAZY TRAIL ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000683779
04/06/07-80006-004 50.00

**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: *Sandra C. Massing* 3-27-07 850-586-5003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #