

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 18, 2008 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



02152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2154920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000830586  
02/25/08-80089-022 138.75

**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	

**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: \_\_\_\_\_

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

2-15-08

Date

850-586-5043

Daytime Phone #