

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000091713**

1. Entity Name  
**LISA FLOWERS, L.L.C.**



Principal Place of Business  
**2213 CRICKET RIDGE DRIVE  
 CANTONMENT, FL 32533**

Mailing Address  
**2213 CRICKET RIDGE DRIVE  
 CANTONMENT, FL 32533**



03102006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-2077207</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOZIER, DANIEL R  
 24 WEST CHASE STREET  
 PENSACOLA, FL 32502**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FLOWERS, ELIZABETH R<br>2213 CRICKET RIDGE DRIVE<br>CANTONMENT, FL 32533 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000481611  
 04/11/06-80041-004 55.00

**DO NOT WRITE  
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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 606, Florida Statutes.

**SIGNATURE:** Elizabeth R. Flowers Elizabeth R. Flowers 03/10/06 (850)293-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #