

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007456

FILED
Mar 07, 2006
Secretary of State

Entity Name: STEPHANIE LISA LLC

Current Principal Place of Business:

1943/1945 E. IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 421726
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 20-2690561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LISA, STEPHANIE A
4135 E. VISTA CT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

LISA, STEPHANIE A
4135 E. VISTA CT.
KISSIMMEE, FL 34746 US

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.

SIGNATURE:

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LISA, STEPHANIE A
Address: 4135 E. VISTA CT
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Delete
Name: LISA, JOSEPH A
Address: 4135 E. VISTA CT
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Delete
Name: LISA, BARBARA A
Address: 4135 E. VISTA CT
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Delete
Name: LISA, MICHAEL J
Address: 4135 E. VISTA CT.
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LISA, STEPHANIE A
Address: PO BOX 421726
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGRM (X) Change () Addition
Name: LISA, JOSEPH A
Address: PO BOX 421726
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGRM (X) Change () Addition
Name: LISA, BARBARA A
Address: PO BOX 421726
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGRM (X) Change () Addition
Name: LISA, MICHAEL J
Address: PO BOX 421726
City-St-Zip: KISSIMMEE, FL 34742 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE A LISA

MGRM

03/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date