


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90157 033 \*\*\*143.75

<b>DOCUMENT # L05000041528</b> 1. Entity Name <b>LISA H. ALBERTSON LLC</b>					
Principal Place of Business <b>1612 SW 76TH TERRACE GAINESVILLE, FL 32607</b>			Mailing Address <b>1612 SW 76TH TERRACE GAINESVILLE, FL 32607</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>ALBERTSON, LISA H 14610 NW 129TH TERRACE ALACHUA, FL 32615</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALBERTSON, LISA H 1612 SW 76TH TERRACE GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Lisa H. Albertson</u>			Date <u>4/14/08</u> Daytime Phone # _____		

50004718



01042008    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**26-3826652**      Applied For  
Not Applicable

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