

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072622

Entity Name: LIONNE HOLDINGS, LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

319 7TH STREET
ATLANTIC BEACH, FL 322335469 US

Current Mailing Address:

319 7TH STREET
ATLANTIC BEACH, FL 322335469 US

New Principal Place of Business:

1800 THE GREENS WAY
#209
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

1800 THE GREENS WAY
#209
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 20-3297244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, YVONNE
Address: 319 7TH STREET
City-St-Zip: ATLANTIC BEACH, FL 322335469 US

Title: MGR () Delete
Name: FRISON, LISA M MD
Address: 3925 VILLA SAN JOSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, YVONNE
Address: 1800 THE GREENS WAY #209
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YVONNE GONZALEZ

MGR

01/11/2007

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