2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2007
Secretary of State

DOCUMENT# L05000080774

Entity Name: LOVELAND LLC

Current Principal Place of Business:

6551 STONEHURST CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

7292 MAPLE RIDGE TRAIL
BOYNTON BEACH, FL 33437

Current Mailing Address:

6551 STONEHURST CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

7292 MAPLE RIDGE TRAIL
BOYNTON BEACH, FL 33437

FEI Number: 20-3315549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAKOLOVE, GWEN E
SUPERCOUPS
7292 MAPLE RIDGE TRAIL
BOYNTON BEACH, FL 33437 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: SAKOLOVE, GWEN
Address: 6551 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: SAKOLOVE, ROGER
Address: 6551 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAKOLOVE, GWEN E
Address: 7292 MAPLE RIDGE TRAIL
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM (X) Change ( ) Addition
Name: SAKOLOVE, ROGER S
Address: 7292 MAPLE RIDGE TRAIL
City-St-Zip: BOYNTON BEACH, FL 33437

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: GWEN E. SAKOLOVE MGR 02/11/2007

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