

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Mar 12, 2007 8:00 am
Secretary of State

01-10-2007 90057 019 ****50.00

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1. Entity Name
IRENA MARI'S, LLC



Principal Place of Business
**2197 ORCHARD PARK DRIVE
 SPRING HILL, FL 34608**

Mailing Address
**2197 ORCHARD PARK DRIVE
 SPRING HILL, FL 34608**

30002141



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

Same as Above

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3369398

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JONES, EVELYN
 2197 ORCHARD PARK DRIVE
 SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
(Signature, typed or printed name of registered agent and SSN if applicable. (NOTE: Registered Agent signature required when reappointing))

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
	MGRM JONES, EVELYN 2197 ORCHARD PARK DRIVE SPRING HILL, FL 34608		

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: Evelyn Jones Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF INCUMBING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE