


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90035 033 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L05000110954</b>  |  |  |
| 1. Entity Name<br><b>LOLO INVESTMENTS, LLC</b>                                      |  |   |
| Principal Place of Business<br><b>4731 EAST TRAILS DRIVE<br/>SARASOTA, FL 34232</b> |  | Mailing Address<br><b>4731 EAST TRAILS DRIVE<br/>SARASOTA, FL 34232</b>           |

**20000318**



|                                |         |                     |         |                                  |   |                 |
|--------------------------------|---------|---------------------|---------|----------------------------------|---|-----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 01062006                         | Chg-LLC   | CR2E083 (11/05) |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number                    | Applied For   |                 |
| City & State                   |         | City & State        |         | <b>20-3886972</b>                | Not Applicable  |                 |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |                 |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                                |  | 7. Name and Address of New Registered Agent        |          |
| <b>SKOKOS, PETER Z ESQ<br/>1819 MAIN STREET STE 610<br/>SARASOTA, FL 34236</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | FL   | Zip Code |

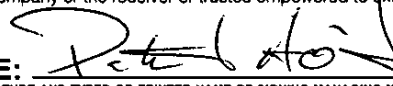
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>O'HARA, PATRICK J<br>4731 EAST TRAILS DRIVE<br>SARASOTA, FL 34232 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

**SIGNATURE:**  **Patrick H O'Hara** 1/7/06 941 378-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #