## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Feb 28, 2007 08:00 All Secretary of State **DOCUMENT # L06000000708** 1. Entity Name VICTORIA ELIZABETH BY LOIS, LLC Principal Place of Business Mailing Address 1301 PARRILLA DE AVILA 1301 PARRILLA DE AVILA **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Ant. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLDER, LOIS Street Address (P O Box Number is Not Acceptable) 1301 PARRILLA DE AVILA TAMPA FL 33613 City Zip Code FL 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, typed or nimed name of registered agent and title it applicable. (NOTE Registered Agent skynature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES шп **MGRM** Delote Inn Change ☐ Addition NAME OLDER, LOIS NAME STREET ADDRESS 1301 PARRILLA DE AVILA STREET ADDRESS CHY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP U000000651534 ☐ Change DIDE Delete HILL ■ Addition NAME 03/09/07-80011-012 55.00 STREET ADDRESS STREET ADDRESS CHY-SI-7/P CHY-ST-7fP ШL THEF Delete ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ШŒ ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-712 CHY-S1-ZIP MILE Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CiTY-ST-7IP ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP

IGNATURE: José R. Older

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dela Devictor Proving 1

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.