2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2007 8:00 am Secretary of State 03-19-2007 90463 046 ****50.00

1. Entity Nam	ne	# LUBUUUUS(ITS FL, LLC	J200				35 13 2				
Principal Place of Business 2929 LICHEN LANE #D CLEARWATER, FL 33760			Mailing Address 32 LAUREN COURT WARWICK, RI 02889			აიიი446მ					
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03062007	Chg-LLC	CR2E083 (12	/06)		
City & State			City & State			4. FEI Num 205				lied For Applicable	
Zip		Country	Zip	Coun	atry	<u>. </u>	te of Status Desired.	Fee R	Modeliupe Deriupe	ional	
	6. Нали	and Address of Current	Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
SMITH, GI 2929 LICH CLEARWA	IEN LANE	#D	Street Add		Street Address	s (P.O. Box Number is Not Acceptable)					
			Cit		City			FL Zip	Code	<u> </u>	
6. The above	named entil	ty submits this statement for	l ed office or regist	ered agent, or b	ooth, in the State of Fi	· · ·	with, a	nd accept			
the obligations of registered agent. SIGNATURE DAMA common III; Gerald A Smith III 2/6/2007 Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent algorithms required when reinstating) OATE											
F D	iling Fee ue by Ma	is \$50.00 y 1, 2007				•		e check payable Department of			
9.	T	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32 LAURI	BERALD A III EN COURT K, RI 02889	☐ Delete		- ;			`	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32 LAURI	LLISON B EN COURT IK, RI 02889	☐ Delete		- I			<u> </u>	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Delote					□ Ch	ange	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Defide		I			Ch	inge	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete		l l			Ch	ange	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			☐ Ch	inge	☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 Statules. SIGNATURE: Occupant The Company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statules.											
1	SWIMATURE:	AND TYPED OR PRINTED NAME (OF RESIDENCE MANAGEMENT MEMBER MAN	AGER OR	AUTHORIZED REPRES	BENTATIVE	Dete	Cauterra Pro			