

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059430

Entity Name: LOCK POPPERS LLC

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

5544 ELIZABETH ROSE SQ
ORLANDO, FL 32810

New Principal Place of Business:

13927 EYLEWOOD DR
WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX608291
ORLANDO, FL 32860

New Mailing Address:

PO BOX 608291
ORLANDO, FL 32860

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAIG, JOSEPH D
5544 ELIZABETH ROS SQ
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

CRAIG, JOSEPH D
13927 EYLEWOOD DR
WINTER GARDEN, FL 34787 US

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: JOSEPH CRAIG

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAIG, JOSEPH D
Address: 5544 ELIZABETH ROSE SQ
City-St-Zip: ORLANDO, FL 32810

Title: MGR () Delete
Name: BARLOW, ANGELA M
Address: 5544 ELIZABETH ROSE SQ
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAIG, JOSEPH D
Address: 13927 EYLEWOOD DR
City-St-Zip: WINTERGARDEN, FL 34787

Title: MGR (X) Change () Addition
Name: BARLOW, ANGELA M
Address: 13927 EYLEWOOD
City-St-Zip: WINTER GARDEN, FL 34787

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: JOSEPH CRAIG

MMGR

04/20/2007

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