2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000080899 1. Entity Name LO-JÓ, LLC



Principal Place of Business

7745 S.W. 17TH PLACE OCALA, FL 34474

Mailing Address

PO BOX 77112 OCALA, FL 34477

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90270 006 ***138.75

60018421



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-8427212	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ACCARDI, LOIS 7745 S.W. 17TH PLACE OCALA, FL 34474

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 The above named entity submits this statement for the but the obligations of registered agent. 	pase of changing its registered office or registered agent, or both, in the State of Florida.	. I am familiar with, and accept
CICMATURE	A in a self-time	

(NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACCARDI, LOIS 7745 S.W. 17TH PLACE OCALA, F.L. 34474
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: