

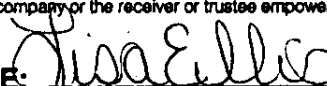


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90178 036 ****55.00

DOCUMENT # L06000100956																													
1. Entity Name LISA ELLIS, LLC																													
Principal Place of Business 614 CHEVY CHASE STREET PORT CHARLOTTE, FL 33948			Mailing Address 614 CHEVY CHASE STREET PORT CHARLOTTE, FL 33948																										
2. Principal Place of Business - No P.O. Box # N/A		3. Mailing Address N/A		 04082007 Chg-LLC CR2E083 (12/06)																									
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A																											
City & State N/A		City & State N/A																											
Zip N/A	Country N/A	Zip N/A	Country N/A																										
4. FEI Number 56-2617202				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent CASH, CHARLES 24814 NOVA CANE PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">N/A</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">N/A</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="4">N/A</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="4"></td> <td style="padding: 2px;">FL</td> </tr> </table>			Name	N/A					Street Address (P.O. Box Number is Not Acceptable)	N/A					City	N/A				Zip Code						FL
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Street Address (P.O. Box Number is Not Acceptable)	N/A																												
City	N/A				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. <table style="width:100%;"> <tr> <td style="width:50%;">SIGNATURE <u>N/A</u></td> <td style="width:50%;">DATE <u>N/A</u></td> </tr> </table> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reappointing)</p>						SIGNATURE <u>N/A</u>	DATE <u>N/A</u>																						
SIGNATURE <u>N/A</u>	DATE <u>N/A</u>																												
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	ELLIS, LISA		NAME	N/A																									
STREET ADDRESS	614 CHEVY CHASE STREET		STREET ADDRESS	N/A																									
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	N/A																									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	N/A		NAME	N/A																									
STREET ADDRESS	N/A		STREET ADDRESS	N/A																									
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A																									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	N/A		NAME	N/A																									
STREET ADDRESS	N/A		STREET ADDRESS	N/A																									
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A																									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	N/A		NAME	N/A																									
STREET ADDRESS	N/A		STREET ADDRESS	N/A																									
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A																									
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NAME	N/A		NAME	N/A																									
STREET ADDRESS	N/A		STREET ADDRESS	N/A																									
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A																									
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: 		Lisa Ellis		4-10-07 (941) 628-9754																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													