

**FOR PROFIT CORPORATION  
2007 UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Apr 25, 2007 8:00 am  
Secretary of State**

03-28-2007 90187 024 \*\*\*\*50.00

|   |
|---|
| <b>DOCUMENT #</b> L06000110707          |
| <b>1. Entity Name</b><br><br>LISSIE LLC |

**DO NOT WRITE IN THIS SPACE**

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | 1801 S Flagler Drive      |         |
| City & State                          |         | Suite, Apt. #, etc.       |         |
| West Palm Beach, FL                   |         | 1006                      |         |
| Zip                                   | Country | Zip                       | Country |
| 33401                                 | USA     |                           |         |

**30005678**

DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| <b>4. FEI Number</b>                    |  | <input checked="" type="checkbox"/> <b>Applied For</b>         |  |
|   |  | <input type="checkbox"/> <b>Not Applicable</b>                 |  |
| <b>5. Certificate of Status Desired</b> |  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**DO NOT WRITE IN THIS SPACE**

|   |                      |
|---|----------------------|
| <b>7. Name and Address of Current Registered Agent</b>                      |                      |
| Name<br>John Incorvaia, Esq.  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>14 Boulder Rock Drive |                      |
| City<br>Palm Coast  | Zip Code<br>FL 32137 |

**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

Mail to: Annual Reports  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |   | <b>11.</b>                                     |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Susanne Pedersen<br>1801 S Flager Dr, #1006<br>WEst Palm Beach, FL 33401 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_

Susanne Pedersen, MGR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2007

Date Daytime Phone #

ATTACHMENT

Fr: Ms. Susanne Pedersen  
Lissie LLC  
1801 S Flagler Drive, Ste. 1006  
West Palm Beach, FL 33401

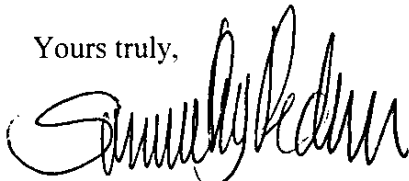
30005678  
#L06050110707

To: Florida Department of State, Division of Corporations

Re: Annual Filing

Attached hereto is my corrected 2007 Uniform Business Report and a copy of your letter. A FEI Number has not yet been issued by the IRS, so I cannot provide the same with this filing. Please process my Annual Report. I hope that the IRS has issued an FEI number by next year, at which time I can report the same on my annual report. This report does however meet with the requirements of Fla. Stat. Section 607.1622, therefore please file it. Thank you for your assistance.

Yours truly,



Ms. Susanne Pedersen  
Manager, Lissie LLC