


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90023 004 \*\*\*138.75

<b>DOCUMENT # L06000117790</b>	
1. Entity Name <b>IT MUST BE LOVE, LLC</b>	

Principal Place of Business <b>19460 CROMWELL CT SUITE 105 FORT MYERS, FL 33912</b>	Mailing Address <b>C/O ROBERT D. ROYSTON, JR. PO DRAWER 60205 FORT MYERS, FL 33906</b>
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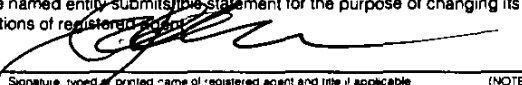
2. Principal Place of Business - No P.O. Box #		3. Registered Agent	
Suite, Apt. #, etc.		do <b>JOHN M. WICKER, P.A. P.O. DRAWER 60205</b>	
City & State		City & State <b>FORT MYERS, FL 33906</b>	
Zip	Country	Zip	Country



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8046062</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>JOHN M. WICKER, P.A.</b> Street <b>12670 NEW BRITTANY BLVD., STE 101</b> City <b>FORT MYERS, FL 33907</b> p Code

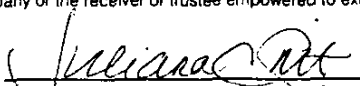
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SMITH, JULIANA C 19460 CROMWELL CT SUITE 105 FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **04/25/08 (239) 362-3348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #