

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90111 004 \*\*\*138.75

<b>DOCUMENT # L06000123221</b> 1. Entity Name <b>LOIS &amp; CLARK ENTERPRISES LLC</b>					
Principal Place of Business <b>6300 FLORIDA AVENUE NEW PORT RICHEY, FL 34653</b>			Mailing Address <b>6300 FLORIDA AVENUE NEW PORT RICHEY, FL 34653</b>		
2. Principal Place of Business - No P.O. Box # <b>2960 SE 36th Lg</b> Suite, Apt. #, etc.			3. Mailing Address <b>2960 SE 36th Lg</b> Suite, Apt. #, etc.		
City & State <b>Ocala, FL</b>			City & State <b>Ocala, FL</b>		
Zip <b>34471</b>		Country <b>USA</b>		4. FEI Number <b>12-5481646</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANE, LOUISE T 6300 FLORIDA AVENUE NEW PORT RICHEY, FL 34653</b>			7. Name and Address of New Registered Agent Name <b>LANE, LOUISE T</b> Street Address (P.O. Box Number is Not Acceptable) <b>2960 SE 36th Lane</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>		
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  DATE <b>3-20-08</b> <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>LANE, LOUISE T</b> <b>6300 FLORIDA AVENUE</b> <b>NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>LANE, LOUISE T</b> <b>2960 SE 36th Lane</b> <b>Ocala, FL 34471</b>	<input checked="" 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:			Date <b>3-20-08</b> 352-789-4516 <small>Daytime Phone #</small>		