

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90238 005 ***138.75

DOCUMENT # L07000091173

1. Entity Name
LUPSON LOT 2 SALLY, LLC



Principal Place of Business Mailing Address
711 59TH AVE TERR W **711 59TH AVE TERR W**
BRADENTON FL 34207 US **BRADENTON FL 34207 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
59-1291801 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

LUPSON, WILLIAM E J
711 59TH AVE TERR W
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip 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, the registered agent.

SIGNATURE *William Ernest James Lupson* DATE *9/11/08*

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE-NAME MGR LUPSON, WILLIAM E J	<input type="checkbox"/> Delete	TITLE-NAME LUPSON, WILLIAM E J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 711 59TH AVE TERR W		STREET ADDRESS 711 59TH AVE TERR W	
CITY-ST-ZIP BRADENTON, FL 34207		CITY-ST-ZIP BRADENTON, FL 34207	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *William Ernest James Lupson* Date *9/11/08* Daytime Phone # *753.7633*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE