

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001851

FILED
Feb 21, 2009
Secretary of State

Entity Name: ISABELLA PRESLEY BY LALLURE LLC

Current Principal Place of Business:

60 KELLEYS TRAIL
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

60 KELLEYS TRAIL
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREEN, JOHN
60 KELLEYS TRAIL
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREEN, LISA
Address: 60 KELLEYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Delete
Name: BREEN, JAMES
Address: 60 KELLEYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Delete
Name: BREEN, JONATHAN
Address: 60 KELLEYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 BREEN MGR 02/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date