

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000002639

1. Entity Name
LOIS BED PROPERTIES LLC



Principal Place of Business
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

Mailing Address
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1325949	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O PIPER RUDNICK LLP
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA, FL 33602

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEAMAN, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERRACE, #800
CITY-STATE-ZIP	ATLANTA, GA 30346

TITLE	MGR
NAME	SEAMEN, MORTON
STREET ADDRESS	500 N BROADWAY STE 238
CITY-STATE-ZIP	JERICO, NY 11753

TITLE	ASP
NAME	STEIN, LEWIS
STREET ADDRESS	11540 HWY 92 E
CITY-STATE-ZIP	SEFFNER, FL 33584

TITLE	V
NAME	FINKEL, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERR STE 800
CITY-STATE-ZIP	ATLANTA, GA 30346

TITLE	VST
NAME	KETTLE, MICHAEL J
STREET ADDRESS	400 PERIMETER CENTERD TERR STE 800
CITY-STATE-ZIP	ATLANTA, GA 30346

TITLE	AS
NAME	SHEER, JAIME
STREET ADDRESS	11540 HWY 92 E
CITY-STATE-ZIP	SEFFNER, FL 33584

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03/06/07-80005-024 50.00

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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:

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

Date

Daytime Phone