2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000002639

1. Entity Name
LOIS BED PROPERTIES LLC

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

01032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1325949
☐ Applied For
☐ Not Applicable

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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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEAMAN, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERRACE, #800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	MGR
NAME	SEAMEN, MORTON
STREET ADDRESS	500 N BROADWAY STE 238
CITY-ST-ZIP	JERICHO, NY 11753
TITLE	ASP
NAME	STEIN, LEWIS
STREET ADDRESS	11540 HWY 92 E
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	V
NAME	FINKEL, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERR STE 800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	VST
NAME	KETTLE, MICHEAL J
STREET ADDRESS	400 PERIMETER CENTERD TERR STE 800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	AS
NAME	SHEER, JAIME
STREET ADDRESS	11540 HWY 92 E
CITY-ST-ZIP	SEFFNER, FL 33584

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05/03/08-80050-025 138.75

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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] ASP Lewis Stein 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #