

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025851

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: LABRADOR PARTNERS, LLC

**Current Principal Place of Business:**

7400 JOHNSON FARM LANE  
116  
CHADDS FORD, PA 19317

**New Principal Place of Business:**

4615 E. GELDING DR.  
PHOENIX, AZ 85032

**Current Mailing Address:**

7400 JOHNSON FARM LANE  
116  
CHADDS FORD, PA 19317

**New Mailing Address:**

4615 E. GELDING DR.  
PHOENIX, AZ 85032

FEI Number: 14-1890440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALL, BRADEN K  
226 PALAFOX PLACE  
9TH FLOOR  
PENSACOLA, FL 32501 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: MGRM ( ) Delete  
Name: VOWELS, DAVID E  
Address: 4131 OAK POINTE DR  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: VOWELS, DIANA L  
Address: 4131 OAK POINTE DR  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VOWELS, DAVID E  
Address: 4131 OAKPOINTE DR  
City-St-Zip: GULF BREEZE, FL 32563

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E. VOWELS MEMBER

MGRM

04/30/2006

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