

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004058

Entity Name: LACROSSE UNIVERSE, LLC

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

195 SOUTH WESTMONTE DRIVE, SUITE A
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

195 SOUTH WESTMONTE DRIVE, SUITE A
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 80-0091761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, PATTI A
303 SMOKERISE BLVD.
LONGWOOD, FL 32779 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: COOK, CRAIG
Address: 303 SMOKERISE BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: FARRE, RALPH
Address: 1620 FRANCES DR.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SCALES, JOHN
Address: 900 CROOKED OAK CT
City-St-Zip: LONGWOOD, FL 32779

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: CRAIG COOK

MGMR

02/27/2006

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