

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000668

FILED
Jan 09, 2007
Secretary of State

Entity Name: LAB WORKS, LLC

Current Principal Place of Business:

515-B JOHN KNOX ROAD
SUITE 110
TALLAHASSEE, FL 32303

New Principal Place of Business:

2510 MICCOSUKEE ROAD
SUITE 104
TALLAHASSEE, FL 32308

Current Mailing Address:

515-B JOHN KNOX ROAD
SUITE 110
TALLAHASSEE, FL 32303

New Mailing Address:

2510 MICCOSUKEE ROAD
SUITE 104
TALLAHASSEE, FL 32308

FEI Number: 41-2191207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DELPHINE
1250 SANDY ACRES TRAIL
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

HILL, DELPHINE
2510 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

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: DELPHINE HILL

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMPKINS, JEROME JR.
Address: 1300 SHADOWFAX WYND
City-St-Zip: HICKORY, NC 28602

Title: MGR () Delete
Name: HILL, CAMERON
Address: 1250 SANDY ACRES TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HILL, DELPHINE
Address: 1250 SANDY ACRES TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

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: DELPHINE HILL

MGR

01/09/2007

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