2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L08000018626

Entity Name: LAUREL GP LLC

Current Principal Place of Business:

C/O GATEHOUSE GROUP, INC.
120 FORBES BOULEVARD
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

C/O GATEHOUSE GROUP, INC.
120 FORBES BOULEVARD
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 26-2028527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, TERRY M
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: THE GATEHOUSE GROUP,, INC.
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

Title: MGRM ( ) Change (X) Addition
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

Title: MRGM ( ) Change (X) Addition
Name: CANEPARI, DAVID J
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

I hereby certify that the information supplied with this filing does not qualify 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: MARC S PLONSKIER MGRM 01/08/2009

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