2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 29, 2007 08:00 Al Secretary of State

DOCUMENT	- #	L9800	0003442
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1. Entity Name

LAIDERMAN REAL ESTATE, L.L.C.



Principal Place of Business

1067 N. MASON ROAD, SUITE 3 ST. LOUIS, MO 63141

Mailing Address

1067 N. MASON ROAD, SUITE 3 ST. LOUIS, MO 63141



DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-1837187

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENT, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent agniture required when reinstaking)	DATE	
Fi D	lling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	MGRM LAIDERMAN INVESTMENTS, L.P. 1067 N MASON RD SUITE 3 ST. LOUIS, MO 63141			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000682400 04/05/07-80001-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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 epigewere, to execute this report as required by Chapter 608. Florida Statutes.				

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