



FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000000461				FILED Apr 09, 2007 08:00 Secretary of State	
1. Entity Name LAUREL ENTERPRISES, LIMITED PARTNERSHIP					
Principal Place of Business 139 W. CONNIE LEE CT. LAKELAND FL 33809-2259		Mailing Address P.O. BOX 91085 LAKELAND FL 33804			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3310081	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARA FINANCIAL SERVICES, INC. 139 CONNIE LEE CT. LAKELAND FL 33809				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 the obligations of registered agent.					
SIGNATURE _____ DATE _____					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DECUBELLIS, STEPHEN JR		CITY- ST- ZIP		
CITY- ST- ZIP	139 CONNIE LEE COURT LAKELAND FL 33809				
DOCUMENT #	NAME		STREET ADDRESS	U00000636430	
STREET ADDRESS			CITY- ST- ZIP	04/17/07-80102-007 500.00	
CITY- ST- ZIP					
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CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  Stephen DeCubellis			4/13/07 863-858-8998		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		