2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# L00000000899

Entity Name: L.A.W. DESIGN, L.L.C.

Current Principal Place of Business:

1080 COMMERCE BLVD.
MIDWAY, FL 32343

New Principal Place of Business:

1114-J THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

1080 COMMERCE BLVD.
MIDWAY, FL 32343

New Mailing Address:

1114-J THOMASVILLE ROAD
TALLAHASSEE, FL 32303

FEI Number: 59-3582173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LAURA
1080 COMMERCE BLVD.
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

SMITH, LAURA
1114-J THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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: _____ 01/19/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, LAURA A
Address: 1080 COMMERCE BLVD.
City-St-Zip: MIDWAY, FL 32343

Title: MGRM ( ) Delete
Name: SMITH, KEVIN W
Address: 1080 COMMERCE BLVD.
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, LAURA A
Address: 1114-J THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Change ( ) Addition
Name: SMITH, KEVIN W
Address: 1114-J THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: LAURA SMITH MGRM 01/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date