

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008640

Entity Name: LAUREL PLACE GP, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

New Principal Place of Business:

8000 TOWERS CRESCENT DR #825
VIENNA, VA 22182

Current Mailing Address:

15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

New Mailing Address:

8000 TOWERS CRESCENT DR #825
VIENNA, VA 22182

FEI Number: 59-3660936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, W. PARKINSON
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613 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/MEMBERS:

Title: MGR () Delete
Name: CORO INVESTMENTS LLC,
Address: 8221 OLD COURTHOUSE RD SUITE 204
City-St-Zip: VIENNA, VA 22182

Title: MGR () Delete
Name: MULLER, ERIC E
Address: 601 BAYSHORE BLVD., SUITE 830
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORO INVESTMENTS LLC,
Address: 8000 TOWERS CRESCENT DR #825
City-St-Zip: VIENNA, VA 22182

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 Section 119.07(3)(i), 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: VICTOR R. FRANSEN

MGR

04/26/2005

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