

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008044

FILED
Jan 03, 2007
Secretary of State

Entity Name: LASO INVESTMENTS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5485 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5485 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3719491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASO, JOSE L
3692 SEMINOLE DR.
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

LASO, JOSE L
3344 QUAILWEST CT
ORLANDO, FL 32812 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:

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LASO, CLAUDIO
Address: 7307 FULCRUM AVE.
City-St-Zip: ORLANDO, FL 32812

Title: MGR () Delete
Name: LASO, JOSE L
Address: 3692 SEMINOLE DR.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LASO, CLAUDIO
Address: 3343 HERRINGRIDGE DR
City-St-Zip: ORLANDO, FL 32812

Title: MGR (X) Change () Addition
Name: LASO, JOSE L
Address: 3344 QUAILWEST CT
City-St-Zip: ORLANDO, FL 32812

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: JOSE L. LASO

MGR

01/03/2007

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