

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-28-2006 90084 001 ***100.00

DOCUMENT # L02000006518

1. Entity Name

LAWSON REAL ESTATE, LLC



Principal Place of Business

943 VAN BUREN STREET
HOLLYWOOD FL 33019

Mailing Address

943 VAN BUREN STREET
HOLLYWOOD FL 33019



2. Principal Place of Business

9120 NW 96th St

3. Mailing Address

9120 NW 96th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Medley FL

City & State

Medley FL

4. FEI Number

30-0055557

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, JOHN E
943 VAN BUREN STREET
HOLLYWOOD FL 33019

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

John E. Lawson

3-20-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAWSON, JOHN E SR	
STREET ADDRESS	943 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Member MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Lawson, Jr	
STREET ADDRESS	19308 NW 14th St	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

John E. Lawson

3/20/06

305-

888-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #