2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90234 017 ****50.00

DOCUMENT # L02000011329

1. Entity Name
LABET, LLC

Principal Place of Business
~~5830 MIDNIGHT PASS RD., #306~~ 2948 JEFF MYERS Circle
SARASOTA, FL ~~34242~~ 34240

Mailing Address
~~5830 MIDNIGHT PASS RD., #306~~ 2948 JEFF MYERS Circle
SARASOTA, FL ~~34242~~ 34240

A04000026034

07152004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0436843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHOOK, LARRY B
~~5830 MIDNIGHT PASS RD., #306~~ 2948 JEFF MYERS Circle
SARASOTA, FL ~~34242~~
34240

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHOOK, LARRY B
STREET ADDRESS	~~5830 MIDNIGHT PASS RD., #306~~ 2948 JEFF MYERS Circle
CITY-ST-ZIP	SARASOTA, FL ~~34242~~ 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Larry B Shook 7/15/04 941-358-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #