

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019194

1. Entity Name
LANE ONE, LLC



Principal Place of Business
11530 PALM BRUSH TR
WHOLE BUILDING
BRADENTON FL 34202

Mailing Address
8011 COW CAMP LANE
SARASOTA FL 34240

2. Principal Place of Business
11530 PALM BRUSH TR
Suite, Apt. #, etc. WHOLE BUILDING
City & State BRADENTON FL
Zip 34202 Country USA

3. Mailing Address
8011 COW CAMP LN.
Suite, Apt. #, etc. S
City & State SARASOTA FL
Zip 34240 Country USA

4. FEI Number 55-0794262 **Applied For** ☐ **Not Applied**

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

6. Name and Address of Current Registered Agent
LANE, PETER
8011 COW CAMP LN
SARASOTA FL 34240

7. Name and Address of New Registered Agent
Name PETER LANE
Street Address (P.O. Box Number is Not Acceptable) S
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 *Peter LANE* (NOTE: Registered Agent signature required when reinstating) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	LANE, MARILYN	8011 COW CAMP LN	SARASOTA FL 34240	<input type="checkbox"/>
MGRM	LANE, PETER	8011 COW CAMP LN	SARASOTA FL 34240	<input type="checkbox"/>
MGR	LANE, BELINDA	8011 COW CAMP LANE	SARASOTA FL 34240	<input type="checkbox"/>
MGR	LANE, ERIKA	8061 COW CAMP LN	SARASOTA FL 34240	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: *Peter LANE* PETER LANE 1-20-06 941 928272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #