

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023390

Entity Name: LAUP OLLISUF, LLC

FILED
Jun 07, 2006
Secretary of State

Current Principal Place of Business:

711 TRADEWINDS DR
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

218A E EAU GALLIE
2
SATELLITE BEACH, FL 32937

Current Mailing Address:

218A E EAU GALLIE BLVD
BOX 2
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

FEI Number: 45-0465045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHARILES W KOLB
PO BOX 1180
MELBOURNE, FL 32901 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/MANAGERS:

Title: MGR () Delete
Name: KOLB, CHARLES W
Address: PO BOX 1180
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: FUSILLO, PAUL F
Address: PO BOX 1180
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CWK

MGR

06/07/2006

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