

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023390

Entity Name: LAUP OLLISUF, LLC

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

218A E EAU GALLIE
#2
SATELLITE 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 ()

Name and Address of Current Registered Agent:

CHARILES W KOLB
PO BOX 1180
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CHARILES W KOLB
218A E EAU GALLIE BLVD
BOX 2
INDIAN HARBOR BEACH, FL 32937 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: CHARILES W KOLB

03/20/2007

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOLB, CHARLES W MRG
Address: 218A E EAU GALLIE #2
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR (X) Change () Addition
Name: FUSILLO, PAUL F MRG
Address: 218A E EAU GALLIE #2
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MRG () Change (X) Addition
Name: BYRCH-FUSILLO, TAMARA MRG
Address: 218A E EAU GALLIE #2
City-St-Zip: SATELLITE BEACH, FL 32937

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: CHARILES W KOLB

MRG

03/20/2007

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