

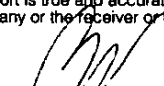


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90036 045 ****50.00

DOCUMENT # L02000032817 1. Entity Name LABO, LLC																													
Principal Place of Business LABO, LLC. BOX 550 MONTVILLE, NJ 07045			Mailing Address LABO, LLC. BOX 550 MONTVILLE, NJ 07045																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04162007 Chg-LLC CR2E083 (12/06)																									
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number 16-1642447		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent VERNICEK, ROBERT S 3802 A GUNN HWY TAMPA, FL 33624																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15100 HUTCHINSON ROAD City TAMPA FL Zip Code 33625																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PONTON, WILLIAM L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3802 A. GUNN HIGHWAY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33624</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VERNICEK, ROBERT S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 550</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MONTVILLE, NJ 07045</td> <td></td> </tr> </table> </div> </div>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	PONTON, WILLIAM L		STREET ADDRESS	3802 A. GUNN HIGHWAY		CITY- ST- ZIP	TAMPA, FL 33624		TITLE	MGR	<input type="checkbox"/> Delete	NAME	VERNICEK, ROBERT S		STREET ADDRESS	BOX 550		CITY- ST- ZIP	MONTVILLE, NJ 07045	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  ROBERT S. VERNICEK MANAGING MEMBER 4/16/07 973-334-0073																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													