2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

DOCUMENT # L02000034941 1. Entity Name LABELLE 316, L.L.C					02-22-2005 90073 012 ****50.0				
Principal Place	e of Business	Mailing Address		1		20014	(0)		
2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		•					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>	01072005	Chg-LLC	CR2E08	33 (10/03)	
City & State	e	City & State	· · · · · · · · ·		4. FEI Numb 75-310		·····		oplied f
Zip .	Country	Zip	Coun	try		of Status Desired		5.00 Add	litional
-	6. Name and Address of Current	t Registered Agent	1	1	7. Name and	Address of New F			
		•		Name				.,,	
2911 N.E.	AMP, DENNIS J PINE ISLAND ROAD RAL, FL 33909		Street Address		ress (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)			
				City			FL	Zip Cod	e
	named entity submits this statement for			1				<u> </u>	
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agen titing Fee is \$50.00	or and title if applicable. (N	IOTE: Registere	d Agent signature n	required when reinstating)		DATE ke check pa		
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agen itting Fee is \$50.00 ue by May 1, 2005			d Agent signature n	required when reinstating)	Florid	ke check pa a Departme		e
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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 of trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-05

Date

Daytime Phone #