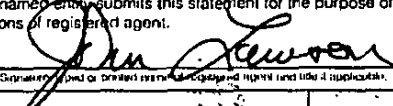
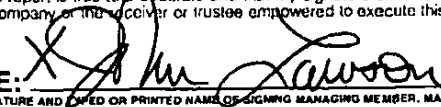


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 24, 2006 8:00 am
Secretary of State

03-28-2006 90014 003 ****50.00

DOCUMENT # L03000008064			
1. Entity Name LAWSON HOLDINGS, LLC			
Principal Place of Business 943 VAN BUREN STREET HOLLYWOOD FL 33019		Mailing Address 943 VAN BUREN STREET HOLLYWOOD FL 33019	
2. Principal Place of Business 9120 NW 96th St		3. Mailing Address 9120 NW 96th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Medley FL		City & State Medley FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. FEI Number 74-3082312		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWSON, JOHN E SR 943 VAN BUREN STREET HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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  DATE 3-10-06 (NOTE: Registered Agent signature required when (cert. 1193))			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, JOHN E SR 943 VAN BUREN ST. HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member MGRM John E. Lawson, Jr 19308 NW 14 St Pembroke Pines FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  DATE 3/20/06 305-888-0068 SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			