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	Mailing Address
943 VAN BUREN STREET HOLLYWOOD FL 33019	943 VAN BUREN STREET HOLLYWOOD FL 33019

2. Principal Place of Business	3. Mailing Address
9120 NW 96th St	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

1st MOORE CR2E083 (10/05)

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 [signature] DATE 3-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM	☐ Delete	TITLE	~~Member~~ MGRM	☐ Change ☒ Addition
NAME	LAWSON, JOHN E SR		NAME	John E. Lawson, Jr	
STREET ADDRESS	943 VAN BUREN ST.		STREET ADDRESS	19308 NW 14 st	
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3/20/06 305-888-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #