
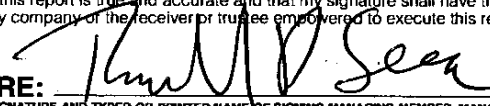


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90017 035 \*\*\*\*55.00

<b>DOCUMENT # L03000040929</b>					
<b>1. Entity Name</b> LAURON TECHNOLOGIES, LLC					
<b>Principal Place of Business</b> 2338 IMMOKALEE RD 344 NAPLES, FL 34110			<b>Mailing Address</b> 2338 IMMOKALEE RD 344 NAPLES, FL 34110		
<b>2. Principal Place of Business</b> 1810 Senegal Date Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Naples Florida		<b>City &amp; State</b>		<b>4. FEI Number</b> 02-6732251 <input checked="" type="checkbox"/> Applied For NOT APPLICABLE <input type="checkbox"/> Not Applicable	
<b>Zip</b> 34119 <b>Country</b> USA		<b>Zip</b> <b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SEESE, RON D 2338 IMMOKALEE ROAD 344 NAPLES, FL 34110			<b>7. Name and Address of New Registered Agent</b> Name: Ron D. Seese Street Address (P.O. Box Number is Not Acceptable): 1810 Senegal Date Dr. City: Naples FL Zip Code: 34119		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MRGM SEESE, RONALD D 2338 IMMOKALEE RD STE 344 NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MRGM SEESE, CHRISTINE L 2338 IMMOKALEE RD STE 344 NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			Date: 1/18/05 Daytime Phone #: 239-793-5707		