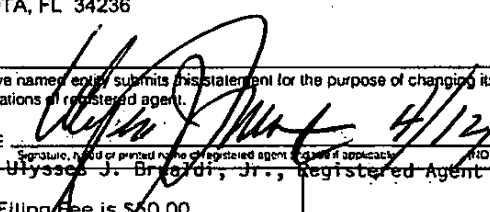
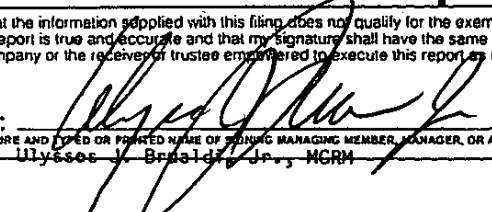


FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 009 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000041950			
1. Entity Name LAUREA, LLC			
Principal Place of Business 1133 4TH STREET 200 SARASOTA, FL 34236		Mailing Address 1133 4TH STREET 200 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 435 LAmblance Drive		3. Mailing Address 435 LAmblance Drive	
Suite, Apt. #, etc. Suite PHG		Suite, Apt. #, etc. Suite PHG	
City & State Longboat Key, FL		City & State Longboat Key, FL	
Zip 34228	Country USA	Zip 34228	Country USA
4. FEI Number 20-0253196		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUALDI, ULYSSES J JR. 1133 4TH STREET 200 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Ulysses J. Brualdi, Jr. Street Address (P.O. Box Number is Not Acceptable) 435 LAmblance Drive Suite PHG City Longboat Key, FL Zip Code 34228	
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  Ulysses J. Brualdi, Jr., Registered Agent		DATE 4/12/07	
Filing Fee is \$50.00 Due by May 7, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUALDI, ULYSSES J JR. 1133 4TH STREET SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Brualdi, Ulysses J. Jr. 435 LAmblance Drive, Suite PHG Longboat Key, FL 34228 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUALDI, CAROL A 1133 4TH STREET SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Brualdi, Carol A. 435 LAmblance Drive, Suite PHG Longboat Key, FL 34228 ☒ 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 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:  Ulysses J. Brualdi, Jr., MGRM		DATE 4/12/07 Daytime Phone #	