


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 035 \*\*\*\*50.00

<b>DOCUMENT # L03000049964</b>					
<b>1. Entity Name</b> LASSO U, LLC					
<b>Principal Place of Business</b> 222 LAKEVIEW AVE, STE 800 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 222 LAKEVIEW AVE, STE 800 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b> 17135 SE 95TH STREET ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. BOX 1290 Suite, Apt. #, etc.			
<b>City &amp; State</b> OCKLAWAHA, FL Zip 32179		<b>City &amp; State</b> STUART, FL Zip 34995-1290		<b>Country</b> USA	
<b>4. FEI Number</b> 20-0736240				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				01162006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> UNRUH, HUGO P 222 LAKEVIEW AVE, STE 800 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name <u>HUGO P. UNRUH</u> Street Address (P.O. Box Number is Not Acceptable) <u>260 S.E. MACARTHUR BLVD.</u> City <u>HUTCHINSON ISLAND</u> FL <u>34996</u> Zip Code		
<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> SIGNATURE <u>[Signature]</u> <u>HUGO P. UNRUH</u> DATE <u>01/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNRUH, HUGO P 222 LAKEVIEW AVE, STE 800 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 S.E. MACARTHUR BLVD. HUTCHINSON ISLAND, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNRUH, PATRICIA 222 LAKEVIEW AVE, STE 800 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 S.E. MACARTHUR BLVD. HUTCHINSON ISLAND, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>HUGO P UNRUH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>01/17/06</u> Daytime Phone # <u>561-835-8505</u>		