


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000049964</b> 1. Entity Name <b>LASSO U, LLC</b>	
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Principal Place of Business <b>17135 SE 95TH STREET ROAD OCKLAWAHA, FL 32179</b>	Mailing Address <b>P.O. BOX 1290 STUART, FL 34995-1230</b>
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0736240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**UNRUH, HUGO P  
260 SE MACARTHUR BLVD  
HUTCHINSON ISLAND, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

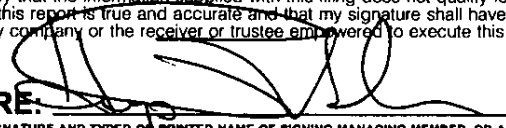
0000000909974  
05/06/08-80090-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNRUH, HUGO P 260 SE MACARTHUR BLVD HUTCHINSON ISLAND, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNRUH, PATRICIA 260 SE MACARTHUR BLVD HUTCHINSON, FL 34996
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4-16-08** **561-352-1261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #