

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 043 ****50.00

DOCUMENT # L04000000279

1. Entity Name
EXHIBITION LANE, LLC



Principal Place of Business Mailing Address
800 GOODLETTE ROAD NORTH, SUITE 350 **800 GOODLETTE ROAD NORTH, SUITE 350**
NAPLES, FL 34102 **NAPLES, FL 34102**

2. Principal Place of Business 3. Mailing Address
720 Goodlette Road North **720 Goodlette Road North**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #205 **Suite #205**

City & State City & State
Naples, FL **Naples, FL**

Zip Country Zip Country
34102 **USA** **34102** **USA**

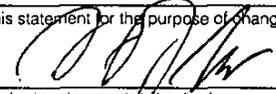
03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
86-1092207 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABS, JOSEPH D 800 GOODLETTE ROAD NORTH, SUITE 350 NAPLES, FL 34102	Name Labs, Joseph D.
	Street Address (P.O. Box Number is Not Acceptable) 720 Goodlette Road North
	Suite Suite 205
	City Naples FL Zip Code 34102

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:  DATE: **3-13-06**

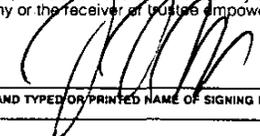
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABS, JOSEPH D 800 GOODLETTE ROAD N, STE 350 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 Goodlette Road North, Suite 205 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUBE, KEITH 192 RIVER OAKS DRIVE GRAND ISLAND, NY 14072 <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
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

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:  DATE: **3-13-06** DAYTIME PHONE #: **434-5663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE