2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 04000000279 O THE STATE OF

FILED Feb 27, 2007 8:00 am Secretary of State 02-27-2007 90080 037 ****50.00

1. Entity Name EXHIBITION LANE, LLC									
Principal Plac 720 GOODLE SUITE 205 NAPLES, FL	TTE ROAD NORTH	Mailing Address 720 GOODLETTE ROAD NORTH SUITE 205 NAPLES, FL 34102 US			I IBBII DI TI	. 7073 			11 4 K 428K
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Numbe 86-109			<u> </u>	plied For Applicable
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name and Address of Current R	egistered Agent		None	7. Name and	Address of New Re	egistered Ag	ent	
LABS, JOSEPH D				Name					
720 GOOD SUITE 205	DLETTE ROAD NORTH			Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34102			City				Zip Code	,
P. The above named eatily submits this statement for the gurages of changing its register				City FL Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	ions of registered agent.	the purpose of changing its re	egisioree		go agent, or bot	A, III (III) Stole of the	ilda. Tamia	isino witti	ли вссерт
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE	Registered	Agent signature required	when reinstating)		DATE		
Fi De	iling Fee is \$50.00 ue by May 1, 2007						check pay Departmen		
9.	MANAGING MEMBER		10.			ADDITIONS/			
NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	MGRM STUBE, KEITH 192 RIVER OAKS DRIVE GRAND ISLAND, NY 14072	TUBE, KEITH NAA 92 RIVER OAKS DRIVE SIR		ADORESS ST-ZIP	-		İ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET CITY-S	T ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET CITY-S	T ADDHESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				-	Change	Addition
indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustes	this filing does not quality for that my signature shall have the empty we had not execute this re	the exem ne same i eport as r	eptions contained i legal effect as if m required by Chapti	in Chapter 119, nade under oath er 608, Florida \$	Florida Statutes. I fu ; that I am a managi Statutes. 2-23-	ing member	hat the infor or manager	mation r of the カイターはっ
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED MAME OF	SIGNING MANAGING MEMBER, MANA	AGER, OR A	UTHORIZED REPRESE	NTATIVE	Date	U /	une Phone #	mic Il