

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90080 037 \*\*\*\*50.00

00019073



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **86-1092207** Applied For  Not Applicable

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

**DOCUMENT # L04000000279**  
 1. Entity Name  
**EXHIBITION LANE, LLC**



Principal Place of Business Mailing Address  
**720 GOODLETTE ROAD NORTH SUITE 205 NAPLES, FL 34102 US** **720 GOODLETTE ROAD NORTH SUITE 205 NAPLES, FL 34102 US**

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
**LABS, JOSEPH D**  
**720 GOODLETTE ROAD NORTH SUITE 205**  
**NAPLES, FL 34102**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>LABS, JOSEPH D</b> <b>720 GOODLETTE ROAD NORTH SUITE 205</b> <b>NAPLES, FL 34102</b> <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	<b>MGRM</b> <b>STUBE, KEITH</b> <b>192 RIVER OAKS DRIVE</b> <b>GRAND ISLAND, NY 14072</b> <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
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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 606, Florida Statutes.

**SIGNATURE:** *[Signature]* Date 2-23-07 Davina Phone # 239-749-4263