

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90183 009 ***138.75

DOCUMENT # L04000000279

1. Entity Name
 EXHIBITION LANE, LLC



Principal Place of Business Mailing Address

720 GOODLETTE ROAD NORTH 720 GOODLETTE ROAD NORTH
 SUITE 205 SUITE 205
 NAPLES, FL 34102 US NAPLES, FL 34102 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60010101



03142008 Chg-LLC CR2E083 (12/06)

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

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LABS, JOSEPH D	
STREET ADDRESS	720 GOODLETTE ROAD NORTH SUITE 205	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STUBE, KEITH	
STREET ADDRESS	192 RIVER OAKS DRIVE	
CITY-ST-ZIP	GRAND ISLAND, NY 14072	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DATE: 3-17-08 DAYTIME PHONE #: 239-643-2771

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