## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

					Secretary or State			
DOCUMENT # L04000032949  1. Entity Name LABCO, LLC							90054 038 ****50	0.00
Principal Place of Business Mailing Address					400	58331		
170 SAGAMO WEST MELBO	RE STREET Durne, FL 32904	170 SAGAMORE STREET WEST MELBOURNE, FL			700			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State			4. FEI Number 20-1543		<del> </del>	plied For t Applicable
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	55.00 Add Fee Required	
Name and Address of Current Registered Agent					7. Name and	Address of New Ro	egistered Agent	
LEMLEY, WILLIAM 170 SAGAMORE STREET WEST MELBOURNE, FL 32904				Name				
			. s	Street Address (P.O. Box Number is Not Acceptable)				
į			0	Dity			FL Zip Code	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registered o	office or register	red agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	MOTE AND THE RESIDENCE OF THE PARTY OF THE P	Decision of Ass	gent signature required			DATE	
	Signature, typed or printed name or registered agent	and the mappingable. (NOTE.	. педізівіви му	Jeur signature reduirec	o when remstating)		DATE	
Filing Fep is \$50.00 Due by May 1, 2006							e check navable to Department of State	•
. 9.	MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS /		
ŤITLE	MGR						CHANGES	
` NAME	LEMLĘŽ, WILLIAM NAM		TITLE			ADDITIONS	CHANGES Change	Addition
1		☐ Delete	NAME			ADDITIONS		Addition
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STREET ADDRESS			NAME Street a	1		200 HONS		Addition
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STREET ADORESS CITY-ST-ZIP TITLE	170.SAĞMOAR STREET WEST MELBOUREN, FL 32904 MGR	☐ Delete	NAME STREET AI CITY-ST- TITLE	- ZIP		<i>ROSMONS</i>	☐ Change	
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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 608, Florida Statutes.

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