2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jul 24, 2007 8:00 am Secretary of State DOCUMENT # L04000045308 1. Entity Name 07-24-2007 90011 020 ****50.00 LAN-EARL, LLC Principal Place of Business Mailing Address 148 E. CARIBBEAN SUMMERLAND KEY FL 33042 4711 VENICE RD SANDUSKY OH 44870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E083 (4/07) City & State 4. FEI Number City & State Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEHMAN, LANCE Street Address (P.O. Box Number is Not Acceptable) 148 E. CARIBBEAN SUMMERLAND KEY FL 33042 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 Synature, typod or protect name of required agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM • TITLE Delete THEF Change Addition STEHMAN, LANCE NAME NAME 148 E. CARIBBEAN STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP SUMMERLAND KEY FL 33042 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-7IP TITLE Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. 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 it 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED