

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046365

Entity Name: LAURELBROOK L.L.C.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

2905 DUSA DRIVE, SUITE 1
MELBOURNE, FL 32934

New Principal Place of Business:

3975 POST RD
MELBOURNE, FL 32934

Current Mailing Address:

2905 DUSA DRIVE, SUITE 1
MELBOURNE, FL 32934

New Mailing Address:

3975 POST RD
MELBOURNE, FL 32934

FEI Number: 30-0259432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZABOR, DARIN
2905 DUSA DRIVE, SUITE 1
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

SCHILLINGER, CHARLES A
1311 BEDFORD DR
SUITE 1
MELBOURNE, FL 32940 US

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.

SIGNATURE: CHARLES SCHILLINGER

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EASTONPLACE LLC,
Address: P.O. BOX 33879
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: RAC 3 INC.,
Address: 2905 DUSA DRIVE, SUITE 1
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: D.L. ZABOR DEVELOPME, NT CO.
Address: 3975 POST RD
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARIN L. ZABOR

MM

01/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date