2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000052168 1. Entity Name LAURESCA, L.L.C. Principal Place of Business

FILED Apr 14, 2008 08:00 Al Secretary of State

Fee Required

C/O JOHN A. MORAN, ESQ. 22 LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 Mailing Address C/O JOHN A MORAN, ESQ. P.O. BOX 3948 SARASOTA, FL 34230-3948



DO	NOT	WRITE	IN THIS	SPACE
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03192008 No Chg-LLC CR2E083 (12/07)

Applied For 4. FEI Number 51-0514421 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
Signature, hond or printed name of regulatered agent and title if applicable (NOTE Regilatore ad Agent argundure required when reindature)) DATE ### APPLICATION OF THE STATE AGENCY AND AGENCY AND AGENCY A	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.						
### After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS	SIGNATURE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
MGR DIXON, MICHAEL J OWNER 409 WALLS WAY OSPREY, FL 34229 TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE TILE NAME STREET ADDRESS CITY-ST-2P	FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
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TITLE	CITY-ST-ZIP						
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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 tegal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustile empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PR