

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054108

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: LAB, LLC

**Current Principal Place of Business:**

2050 FORBES STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2050 FORBES STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-1425427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOKS, MICHAEL L ESQUIRE  
8137-B NORTH MAIN STREET  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLACK, WILLIAM P  
Address: 1666 DRIFT ROAD  
City-St-Zip: WESTPORT, MA 02790

Title: MGRM ( ) Delete  
Name: SURI, ARVIND K  
Address: 77 BEECHWOOD DRIVE  
City-St-Zip: CRANSTON, RI 02921

Title: MGRM ( ) Delete  
Name: BALTZ, LINDA A  
Address: 13846 ATLANTIC BLVD #1015  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA A BALTZ

MGRM

01/17/2008

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