

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000057471

1. Entity Name
LAUREL PALM PROPERTIES LLC



Principal Place of Business

**1 SPRINGWOOD PATH
SYOSSET, NY 11791**

Mailing Address

**1 SPRINGWOOD PATH
SYOSSET, NY 11791**



01082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1705354

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATE SERVICE BUREAU INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000384909
01/17/06-80034-014 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEROLA, CRAIG
STREET ADDRESS	1 SPRINGWOOD PATH
CITY-ST-ZIP	SYOSSET, NY 11791
TITLE	MGRM
NAME	MEROLA, ANTHONY
STREET ADDRESS	327 MASON BOULEVARD
CITY-ST-ZIP	STATEN ISLAND, NY 10309
TITLE	MGRM
NAME	MEROLA, ROBERT
STREET ADDRESS	22 ASHFORD LANE
CITY-ST-ZIP	NEWTON, CT 06470
TITLE	MGRM
NAME	VITONE, KAREN
STREET ADDRESS	5288 MADISON AVENUE
CITY-ST-ZIP	TRUMBALL, CT 06611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/9/06

Date

7184707390

Daytime Phone #