

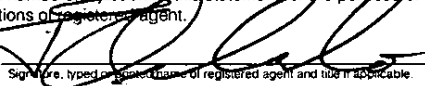



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 026 ****50.00

DOCUMENT # L04000068503 1. Entity Name LABAR ENTERPRISES, LLC					
Principal Place of Business 4967 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34997 US			Mailing Address 4967 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34997 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address ONE SOUTH CHURCH STREET Suite, Apt. #, etc. SUITE 401 City & State HAZLETON, PA Zip Country 18201 U.S.			
					
07282005 Chg-LLC CR2E083 (10/03)					
4. FEI Number 20-1505827				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HATHAWAY, RICHARD G 115 PROFESSIONAL DRIVE 101 PONTE VEDRA BEACH, FL 32082	
7. Name and Address of New Registered Agent Name FRANK P. ORLANDO, CPA Street Address (P.O. Box Number is Not Acceptable) 1971 DORY COURT City State Zip Code NAPLES FL 34109				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:  FRANK P. ORLANDO DATE: 8/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LABAR, JAMES C 4967 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34997	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JAMES C. LABAR Date: 8-1-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					