2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L0400072167 1. Entity Name LAGRANGE, L.L.C.								04-17-200	6 90031 0	32 ****50	0.00	
Principal Place of Business Mailing Address								-				
25 WALTER MARTIN RD. NE, STE. 101 FORT WALTON BEACH, FL 32548 25 WALTER MARTIN RD. NE, STE. 101 FORT WALTON BEACH, FL 32548										erini iski		
2. Principal Place of Business			3. Mailing Address									
909 Mar Walt Drive Suite Apt. #, etc. Suite 1014		909 Mar Walt Drive Suite Apt #, etc. Suite 1014				02442000		0000				
Suite 1014 City & State		Suite 1014 City & State				03142006 4. FEI Numb	Chg-LLC	CRZE	83 (11/05)	plied For		
Ft. Walton Beach, FL		Ft. Walton Beach, FL				20-209				t Applicable		
^{Zip} 32547	Oka:	^{ntry} loosa	^{Zip} 32547	Coun Oka	try 1oosa		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
	6. Name and A	ddress of Current R	egistered Agent		News		7. Name and	Address of New	Registered .	Agent		
PETEMANN, RICHARD P PETE							RMANN, RICHARD P.					
25 WALTER MARTIN RD. NE, STE. 101 FORT WALTON BEACH, FL 32548						Street Address (P.O. Box Number is Not Acceptable) 909 Mar Walt Drive, Suite 1014						
					City I	Ft. Wa	alton B	each	FL	Zip Code	7	
	named entity submitions of registered ag		the purpose of changing its	registere	ed office or	registered	dagent, or bo	th, in the State of I	Florida. Lam	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						ure required wh	nen reinstating)		4/12 DATE	/06		
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State					
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9.	ue by May 1, 2			10.		wan		Flori		ent of State		
9.	ue by May 1, 2	006 MANAGING MEMBER	S/MANAGERS	TITLE		MGR	nann R	ADDITION	da Departm S/CHANGES	ent of State	Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I ar limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

(850) 863-4064 4/12/06 Date

Daytime Phone #