

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079635

1. Entity Name
LAURA STREET DEVELOPMENT, LLC



Principal Place of Business
**206 S. BRAND BOULEVARD
GLENDALE, CA 91204**

Mailing Address
**206 S. BRAND BOULEVARD
GLENDALE, CA 91204**



03182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1832184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33756**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURKE, KEVIN
206 S BRAND BLVD
GLENDALE, CA 91204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANTOS, ROBERTO
206 S BRAND BLVD
GLENDALE, CA 91204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAFIF, ELIS
206 S BRAND BLVD
GLENDALE, CA 91204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SALAME, MARCOS
206 S BRAND BLVD
GLENDALE, CA 91204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000481819
04/11/06 80048-019 55.00

**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 606, Florida Statutes.

SIGNATURE _____

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

Date

Daytime Phone #

52206

818 247-1007