FILED 2008 LIMITED LIABILITY COMPANY Apr 11, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # L04000080683** 1. Entity Name LAN-EARL 2, LLC Principal Place of Business Mailing Address 148 E. CARIBBEAN DR 148 E. CARIBBEAN DR SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 CR2E083 (12/07) 03312008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number **NOT APPLICABLE** \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEHMAN, LANCE C DO NOT WRITE 148 E. CARIBBEAN SUMMERLAND KEY, FL 33042 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEHMAN, LANCE C
STREET ADDRESS	148 E. CARIBBEAN
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TATLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the exemp

MANAGING MEMBERS MANAGERS

U00000891887 04/23/08-80044-004 138.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

LANCE STEHMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4-1-08

419-656-1064