

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 028 \*\*\*\*50.00

DOCUMENT # L04000090524

1. Entity Name  
LAUREL GARDENS NO. 1, LLC



Principal Place of Business  
320 W. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33606

Mailing Address  
320 W. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33606

00000131



04042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0553553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

LANGFORD, E C ESQ.  
1715 WEST CLEVELAND STREET  
TAMPA, FL 33606

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MULLER, ERIC
STREET ADDRESS	320 W KENNEDY #200
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	
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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: E. C. Langford Managing Member 4-10-07 813-251-0388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #