2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000090524

1. Entity Name

LAUREL GARDENS NO. 1, LLC



Mailing Address

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

Principal Place of Business

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

FILED Jan 14, 2008 08:00 AN Secretary of State



01092008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	03-0553553

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and	Address	of Current	Registere	d Agent

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

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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 Tam familiar with, and accept							
the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE					

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

U00000781741 01/15/08-80047-011 138.79

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	MULLER, ERIC			
STREET ADDRESS	320 W KENNEDY #200			
CITY-ST-ZIP	TAMPA, FL 33606			
TITLE				
NAME				
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CITY-ST-ZIP				
TITLE		,		
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11 Library certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119 Elevide Statutes. I but he continue that the information				

11. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

-07

Daylime Phone #