

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090841

Entity Name: LAURIE WOODS LLC

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

309 GREENWOOD DR
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

309 GREENWOOD DR
PANAMA CITY BEACH, FL 32407

New Mailing Address:

7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407

FEI Number: 20-2032994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, MAUREEN
309 GREENWOOD DR
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

WILSON, MAUREEN
7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407 US

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.

SIGNATURE: MAUREEN WILSON

06/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SABRESONIC LLC,
Address: 309 GREENWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SABRESONIC LLC,
Address: 7940 FRONT BEACH RD, # 214
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN WILSON

MGRM

06/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date