2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOC

1. Entity



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90022 004 ****50.00

CUMENT # L04000090996	
Name	AL INV
EAUX LAWSON, LLC	
	VS.

CHATLA	UX LAWS	SON, LLC													
Principal Place of Business 5760 MIDNIGHT PASS ROAD, #407-D SARASOTA, FL 34242			Mailing Address 5760 MIDNIGHT PASS ROAD, #407-D SARASOTA, FL 34242			20033023									
2. Principal P		ess RANKLIN DR	3. Mailing Address 1300 BENF	RAA.	KLIN	De									
Suite, Apt.	# etc. # 50		Suite, Apt. #, etc. APT #5のS		,, <u> </u>		0402	22006	CI	hg-LLC		CR2	E083 (1	1/05)	
City & State SARA	50TA	FL	City & State SARAS &TA	Fe				1 Numb 0-990	-	9				No	plied For t Applicable
3423	36	Country	34236	Count	try					atus Des			Fee R	O Add equired	
	6. Name	and Address of Current R	egistered Agent		Name		7. Na	me and	Addr	ess of M	iew Reg	gistere	d Agent		
LAWSON, 5760 MIDN SARASOT	NIGHT PA	SS ROAD, #407-D 242			Street Ad	idress (P	.O. Bo	x Numb	er is N	lot Acce	ptable)	R	Apt	- ≠4.	202
***					CityS/A	RAS	OFA					F	L Z	p Code	136
	named entity tions of tegist		the purpose of changing its	egistere	ed office or i	registere	d ager	nt, or bo	th, in t	the State	of Flori	da. la	m familia	r with, i	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOTE	: Registered	1 Agent signatur	re required v	when rein	stating)	1/1	19/0	Yor	DATE	E		
Fi	iling Fee i ue by May	s \$50.00								_			payabl		
D.	ue by Ma	y 1, 2006								-	ionda i	Depan	tment o	f State	'
9.	ue by Ma	MANAGING MEMBER	S/MANAGERS	10.							ONS/C		ES		
9.	MGR	MANAGING MEMBER	S/MANAGERS	TITLE						ADDIT	ONS/C	HANG	ES 💌	hange	Addition
9. TITLE NAME	MGR LAWSON	MANAGING MEMBER	☐ Delete	TITLE NAMI		/300		BEI	ب م ر	ADDIT	ONS/C	HANG	ES 💌	hange	
9.	MGR LAWSON 5760 MID	MANAGING MEMBER	☐ Delete	TITLE NAMI STRE						ADDIT	ONS/C	CHANG	ES XO De	hange	Addition
9. ITTLE NAME STREET ADDRESS	MGR LAWSON 5760 MID	MANAGING MEMBER , LORI A NIGHT PASS RD #407-I	☐ Delete	TITLE NAMI STRE	ET ADDRESS 1 -ST-ZIP					ADDIT	ONS/C	CHANG	ES XO DR 36	hange	Addition
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: July July Signature and typed of printed name of signing managing member, manager, or authorized representative

Daytime Phone #