
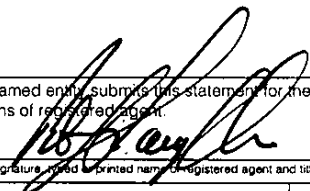
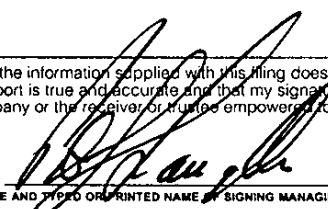


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90029 050 \*\*\*138.75

<b>DOCUMENT # L04000093990</b> 1. Entity Name LAUGHLIN'S INVESTMENT GROUP, LLC			
Principal Place of Business 333 S PINEAPPLE AVE SARASOTA, FL 34236		Mailing Address 333 S PINEAPPLE AVE SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2101 47 <sup>th</sup> Street Sarasota, FL 34234		2101 47 <sup>th</sup> Street Sarasota, FL 34234	
4. FEI Number 20-2172748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAUGHLIN, PETER G 333 S PINEAPPLE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent  Name 2101 47 <sup>th</sup> Street Sarasota, FL 34234 FL Zip Code	
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 		Peter G. LAUGHLIN 4/23/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUGHLIN, PETER G 333 S PINEAPPLE AVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 47 <sup>th</sup> Street Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUGHLIN, PATRICIA 2632 PURITAN TERRACE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 47 <sup>th</sup> Street Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Peter G. LAUGHLIN 4/23/08	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

60034301



04172008 Chg-LLC CR2E083 (12/06)