SENT BY: 1; 0; MAR

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90022 013 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002236

1. Entity Name
LAUB, L.L.C.

200530014

03082006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
303 CUDDY COURT NAPLES, FL 34103	303 CUDDY COURT NAPLES, FL 34103

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 099-28-5543 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

~~WILSON, GEORGE A ESQ.~~
~~C/O CHEFFY, PASSIDOMO, ET AL~~
~~821 FIFTH AVENUE SOUTH, SUITE 201~~
~~NAPLES, FL 34102~~

7. Name and Address of New Registered Agent

Name: Albert F LAUB
Street Address (P.O. Box Number is Not Acceptable): 303 Cuddy Court
City: Naples FL Zip Code: 34103

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE: 3/15/06

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LAUB, ALBERT F	
STREET ADDRESS	303 CUDDY COURT	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	~~Registered Agent~~	☒ Change ☐ Addition
NAME	~~A F Laub~~	
STREET ADDRESS	~~303 Cuddy Court~~	
CITY-ST-ZIP	~~Naples FL~~ 34103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Albert F. LAUB [signature] 3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #