

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 030 ****50.00

DOCUMENT # L05000007688					
1. Entity Name LACONIA, LLC					
Principal Place of Business 6609 LA JOLLA ST ORLANDO, FL 32818			Mailing Address 6609 LA JOLLA ST ORLANDO, FL 32818		
2. Principal Place of Business 8227 ROSE GROVES RD Suite, Apt. #, etc. ORLANDO FL City & State		3. Mailing Address 6609 LA JOLLA ST Suite, Apt. #, etc. ORLANDO FL City & State			
Zip 32818 Country U.S.A		Zip 32818 Country U.S.A		03292006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 57-1219009				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 DASILMA, SAM 6609 LA JOLLA ST ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>SAM DASILMA</u> DATE <u>3-29-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASILMA, SAM 6609 LA JOLLA ST ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASILMA SAM 8227 ROSE GROVES RD ORLANDO FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASILMA, ROSE S 6609 LA JOLLA ST ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASILMA ROSE S 8227 ROSE GROVES RD ORLANDO FL 32818	
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 <u>SAM DASILMA</u> <u>3-29-06</u> <u>407-595-4726</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					