

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014620

Entity Name: LAUREL OAKS, LLC

FILED
Mar 01, 2006
Secretary of State

Current Principal Place of Business:

205 VILLAGE BEACH ROAD WEST
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

205 VILLAGE BEACH ROAD WEST
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 71-0978675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TROPICAL SQUARE DEVE, LOPMENTS, LLC
Address: P.O.BOX 1741
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: PATTON, JOHN
Address: 205 VILLAGE BEACH ROAD WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: PRICE FAMILY TRUST,
Address: 4314 GARNER PL
City-St-Zip: BARTLETT, TN 38135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN M PATTON

MGRM

03/01/2006

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