2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2006
Secretary of State

DOCUMENT# L05000015069

Entity Name: LABTECH ASSOCIATES FRANCHISING CO. LLC

Current Principal Place of Business:

606 TRACY DRIVE
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

606 TRACY DRIVE
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 73-1726538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MALFE, MELANIE
2601 ONYX TRAIL
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MALFE, JOHN
606 TRACY DRIVE
LADY LAKE, FL 32159 US

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: JOHN MALFE 07/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MALFE, JOHN K
Address: 2601 ONYX TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Delete
Name: MALFE, MELANIE J
Address: 2601 ONYX TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MALFE, JOHN K
Address: 606 TRACY DRIVE
City-St-Zip: LADY LAKE, FL 32159

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 MALFE MGR 07/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date