## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000042222

1. Entity Name LAFSTER, LLC

FILED Apr 16, 2008 08:00 Al Secretary of State

Principal Place of Business

280 W CANTON AVE, STE 410 WINTER PARK, FL 32789 Mailing Address

280 W CANTON AVE, STE 410 WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2749491 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulared

6. Name and Address of Current Registered Agent

FORSTER, GARY A 280 W CANTON AVE, STE 410 WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

8.	3. 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.	am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and tide if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000901353 04/29/08-80065-015 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE ·	MGR	
NAME	FORSTER, GARY A	
STREET ADDRESS	280 W CANTON AVE, STE 410	
CITY-ST-ZIP	WINTER PARK, FL 32789	
MITE.	MGR	
NAME	FORSTER, RICHARD P	
STREET ADDRESS	7861 SW 89TH LANE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME 1		
STREET ADDRESS	·	
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the exemple indicated on this report is true and accurate profifet my signature shall have the same		

## DO NOT WRITE IN THIS SPACE

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 inject empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/0 X

42-647-7645

Date

Daytime Phone #