


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000048853 1. Entity Name LAUREL, LLC	
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Principal Place of Business 7519 TREELINE DRIVE NAPLES, FL 34119	Mailing Address 7519 TREELINE DRIVE NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2860128	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

**NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIGNATARO, RICHARD 7519 TREELINE DRIVE NAPLES, FL 34119
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01/10/07-80078-024 50.00

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:  **1/7/07** **239-593-5822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #