

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052897

FILED
Jan 08, 2008
Secretary of State

Entity Name: LAUREL LANE & PROPERTIES, LLC

Current Principal Place of Business:

1211 VIA CAPRI
WINTER PARK, FL 32789

New Principal Place of Business:

2219 VENETIAN WAY
WINTER PARK, FL 32789

Current Mailing Address:

1211 VIA CAPRI
WINTER PARK, FL 32789

New Mailing Address:

BOX 2732
WINTER PARK, FL 32790

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA, GOW A
1211 VIA CAPRI
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BARBARA, GOW A
2219 VENETIAN WAY
WINTER PARK, FL 32789 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: BARBARA A. GOW

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MS. () Delete
Name: GOW, BARBARA A TRUSTEE
Address: 1211 VIA CAPRI
City-St-Zip: WINTER PARK, FL 32789

Title: MR. () Delete
Name: FELKEL, WILLIAM C TRUSTEE
Address: 1211 VIA CAPRI
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: GOW, BARBARA A TRUSTEE
Address: 2219 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: MR. (X) Change () Addition
Name: FELKEL, WILLIAM C TRUSTEE
Address: 2219 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA A. GOW

MS.

01/08/2008

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