2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# L05000061373

Entity Name: PACK OF LABS I, LLC

Current Principal Place of Business:

22727 BLACKBEARD LANE
CUDJOE KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

22727 BLACKBEARD LANE
CUDJOE KEY, FL 33042

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDER, LYNNE H
19980 OVERSEAS HIGHWAY
SUGARLOAF KEY, FL 33042 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FIELDER, RICHARD J
Address: 22727 BLACKBEARD LANE
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGRM ( ) Change (X) Addition
Name: FIELDER, LYNNE H
Address: 22727 BLACKBEARD LANE
City-St-Zip: CUDJOE KEY, FL 33042

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: RICHARD J FIELDER MGRM 01/12/2006

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