

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061373

Entity Name: PACK OF LABS I, LLC

FILED  
Jan 09, 2007  
Secretary of State

**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: 65-1078149

FEI Number Applied For ( )

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:**

FIELDER, LYNNE H  
5 SHIPS WAY  
BIG PINE KEY, FL 33043 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:

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD J FIELDER

MGRM

01/09/2007

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