

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066721

FILED
Apr 17, 2009
Secretary of State

Entity Name: LAUREL PARK INVESTMENTS, LLC

Current Principal Place of Business:

1237 N. GULFSTREAM AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

1836 LAUREL STREET
#3
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2499
SARASOTA, FL 34230 US

New Mailing Address:

7350 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34231 US

FEI Number: 20-3123288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MICHAEL J
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

FRANCE, MICHAEL
240 SOUTH PINEAPPLE AVE
SUITE 710
SARASOTA, FL 34236 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: MICHAEL FRANCE

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROFFERS, CHAD
Address: 1237 N. GULFSTREAM AVENUE
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM (X) Delete
Name: VONHUBERTZ, JAMES P
Address: 1237 N. GULFSTREAM AVENUE
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROFFERS, BRADLEE
Address: 7350 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231 US

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

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: BRADLEE ROFFERS

MGMR

04/17/2009

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