


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90148 026 \*\*\*\*50.00

|  |  |                                 |  |  |   |
|--|--|---------------------------------|--|--|---|
| <b>DOCUMENT # L05000068256</b><br>1. Entity Name<br><b>LAUBER, L.L.C.</b>  |  |                                 |  |   |   |
| Principal Place of Business<br><b>12291 SHOREVIEW DRIVE<br/>MATLACHA, FL 33993</b>   |  |                                 | Mailing Address<br><b>12291 SHOREVIEW DRIVE<br/>MATLACHA, FL 33993</b> |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                          |  |   |
| City & State   |  |                                 | City & State   |  |   |
| Zip  |  | Country                         |  | Zip  |   |
| Country  |  | Country                         |  | 4. FEI Number<br><b>42-1695614</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>LAUBER, RICHARD F<br/>12291 SHOREVIEW DRIVE<br/>MATLACHA, FL 33993</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |                                 |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LAUBER, RICHARD F<br>12291 SHOREVIEW DRIVE<br>MATLACHA, FL 33993 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LAUBER, BEVERLY L<br>12291 SHOREVIEW DRIVE<br>MATLACHA, FL 33993 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LAUBER, NICOLE<br>163 SE 21ST TERRACE<br>CAPE CORAL, FL 33990    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |                                 |  |  |   |
| <b>SIGNATURE:</b> <i>Beverly L. Lauber</i>   |  |                                 |  | <b>1-9-06 1-239-283-3713</b>   |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE  |  |                                 |  | Date Daytime Phone #   |   |

30001612



01072006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30001612

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

LAUBER, L.L.C.  
12291 SHOREVIEW DRIVE  
MATLACHA, FL 33993

Subject: LAUBER, L.L.C.

Reference Number: L05000068256

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION