

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90125 024 ***138.75

DOCUMENT # L05000068256

1. Entity Name
LAUBER, L.L.C.



Principal Place of Business
**12291 SHOREVIEW DRIVE
MATLACHA, FL 33993**

Mailing Address
**12291 SHOREVIEW DRIVE
MATLACHA, FL 33993**



01262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1695614	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LAUBER, RICHARD F
12291 SHOREVIEW DRIVE
MATLACHA, FL 33993**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUBER, RICHARD F 12291 SHOREVIEW DRIVE MATLACHA, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUBER, BEVERLY L 12291 SHOREVIEW DRIVE MATLACHA, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUBER, NICOLE 163 SE 21ST TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-08

239-283-3718