

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110318

Entity Name: LAMALUS, LLC

FILED  
Aug 23, 2006  
Secretary of State

**Current Principal Place of Business:**

1261 E SAMPLE RD, STE 809  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

1261 E SAMPLE RD, STE 809  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 20-3816496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD, STE 809  
POMPANO BEACH, FL 33064      US

**Name and Address of New Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064      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: BRENO R GOMES

08/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DIAS, ALESSANDRA R  
Address: 1261 E SAMPLE RD, STE 809  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DIAS, ALESSANDRA R  
Address: 3177 HAMBLIN WAY  
City-St-Zip: WELLINGTON, FL 33414

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: ALESSANDRA R DIAS

MGRM

08/23/2006

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