2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# L05000112713

Entity Name: JON P LAMONGE L.L.C.

Current Principal Place of Business:

6290 WILSHIRE PINES CIRCLE
UNIT 807
NAPLES, FL 34109

New Principal Place of Business:

805 95TH AVE N
NAPLES, FL 34108

Current Mailing Address:

6290 WILSHIRE PINES CIRCLE
UNIT 807
NAPLES, FL 34109

New Mailing Address:

805 95TH AVE N
NAPLES, FL 34108

FEI Number: 33-1124663 **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:

LAMONGE, JON P
6290 WILSHIRE PINES CIRCLE
UNIT 807
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

LAMONGE, JON P
805 95TH AVE N
NAPLES, FL 34108 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: JON LAMONGE 05/25/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAMONGE, JON P
Address: 6290 WILSHIRE PINES CIRCLE, UNIT 807
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAMONGE, JON P
Address: 805 95TH AVE N
City-St-Zip: NAPLES, FL 34108

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: JON LAMONGE PRES 05/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date