

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113194

FILED
Jun 30, 2007
Secretary of State

Entity Name: FOX RUN LANE, LLC

Current Principal Place of Business:

1275 GULF SHORE BOULEVARD NORTH
#101
NAPLES, FL 34012 US

New Principal Place of Business:

1275 GULF SHORE BOULEVARD NORTH
#101
NAPLES, FL 34102 US

Current Mailing Address:

2401 PENNSYLVANIA AVENUE, NW
SUITE 400
WASHINGTON, DC 20037 US

New Mailing Address:

FEI Number: 20-3840958 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:

FELDMAN, ANDREW S
1280 SOUTH ALHAMBRA CIRCLE
1427
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SIMMONS, LINDSAY
1275 GULF SHORE BLVD., NORTH
APT #101
NAPLES, FL 34102 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: LINDSAY SIMMONS

06/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COOK, JACQUELINE TRUSTEE
Address: 1275 GULF SHORE BOULEVARD NORTH #101
City-St-Zip: NAPLES, FL 34102 US

Title: MS (X) Delete
Name: SIMMONS, LINDSAY
Address: 3708 MORRISON STREET,NW
City-St-Zip: WASHINGTON, DC 20015

Title: MR () Delete
Name: SIMMONS, JAMES
Address: 19 BEECHWOOD WAY
City-St-Zip: SCARBOROUGH, NY 10510

Title: MR. () Delete
Name: SIMMONS, BRADLEY
Address: 29 RIDGEWOOD
City-St-Zip: ROWYATON, CT 06853

Title: MS () Delete
Name: SIMMONS, LESLIE
Address: P.O. BOX 1313
City-St-Zip: CAMDEN, ME 04843

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMMONS, LINDSAY TRUSTEE
Address: 1275 GULF SHORE BOULEVARD NORTH #101
City-St-Zip: NAPLES, FL 34102 US

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

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Name:
Address:
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Name:
Address:
City-St-Zip:

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: LINDSAY SIMMONS

MM

06/30/2007

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