

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000116936</b>		
1. Entity Name LABELLE TRADING POST, LLC		
Principal Place of Business 180 NO. BRIDGE STREET SUITE B LABELLE, FL 33935	Mailing Address 180 NO. BRIDGE STREET SUITE B LABELLE, FL 33935	 01102007No Chg-LLC CR2E083 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ABOUJAOUE, ROCK 180 NO. BRIDGE STREET SUITE B LABELLE, FL 33935		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b> <div style="text-align: right;">U000000593279 01/22/07-80022-025 50.00</div>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABOUJAOUE, ROCK 180 NO. BRIDGE STREET, STE B LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABUOQAB, OQAB 180 NO. BRIDGE STREET, STE B LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/10/07</u> Daytime Phone # <u>863-612-0011</u>