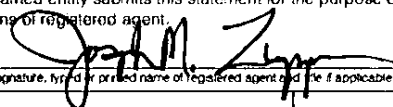
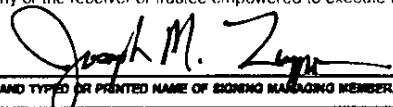


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90203 019 ****50.00

DOCUMENT # L06000026377 1. Entity Name LANG ROAD PARTNERS, LLC					
Principal Place of Business 124-A MARY ESTHER BLVD. MARY ESTHER, FL 32569			Mailing Address 124-A MARY ESTHER BLVD. MARY ESTHER, FL 32569		
2. Principal Place of Business - No P.O. Box # 206 GIRARD AVE NW Suite, Apt. #, etc.		3. Mailing Address 206 GIRARD AVE NW Suite, Apt. #, etc.			
City & State Fort Walton Beach, FL Zip 32548		City & State Fort Walton Beach FL Zip 32548		4. FEI Number 20-4495074	
Country US		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUPPA, JOSEPH M - #1 ISLAND VIEW DRIVE MARY ESTHER, FL 32569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STONE, BRIAN A 26 REDITH COURT FT. WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, KENNETH R 26 REDITH COURT FT. WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZUPPA, JOSEPH M #1 ISLAND VIEW DRIVE MARY ESTHER, FL 32569	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					