2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

limited liability company or the

SIGNATURE:

Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # L06000037339 03-27-2007 90195 002 ****50.00 LAUREL OAK ACQUISITIONS, LLC Principal Place of Business Mailing Address 13541 RUDI LOOP 13541 RUDI LOOP buggaaaa SPRING HILL, FL 34609 US SPRING HILL, FL 34609 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4667151 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Colombino THE HOGAN LAW FIRM, LLC Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 Rudi Loop 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 olombino **SIGNATURE** (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLOMBINO, ANDREW NAME NAME STREET ADDRESS 13541 RUDI LOOP STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP MGRM Change TITLE ☐ Delete TIT! F undrat, Mark KUNDRAT, MARK NAME NAME 1367 Newington Ave Spring Hill, FL 3461 STREET ADDRESS **13541 RUDI LOOP** STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP MGRM TITLE ☐ Delete M'GRM Change ☐ Addition Frantzis, Peter 21:26 St. Joseph Dr. W. FRANTZIS, PETER NAME NAME STREET ADDRESS 13541 RUDI LOOP STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP SPRING HILL, FL 34609 CITY-SI-7IP TITLE MGRM Delete TITLE ☐ Change Addition DABROWSKI, JAMES NAME NAME STREET ADDRESS 13541 RUDI LOOP STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE anitibh NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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

receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #