2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069839

Name:

Address:

City-St-Zip:

19333 COLLINS AVE SUITE 801

SUNNY ISLES BEACH, FL 33160

Entity Name: LAUGHLIN HOLDINGS, LLC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19333 COLLINS AVE SUITE 801 SUNNY ISLES BEACH, FL 33160 **New Mailing Address: Current Mailing Address:** 19333 COLLINS AVE 5220 S UNIVERSITY DR SUITE 801 SUITE C-102 SUNNY ISLES BEACH, FL 33160 DAVIE, FL 33328 FEI Number: 20-5190975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVA'S ENTERPRISE, INC. 5220 S UNIVERSITY DR SUITE C-102 DAVIE, FL 33328 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete VIDAL-BARRETO, ROCIO Name: Name: 19333 COLLINS AVE SUITE 801 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LECHTER, RICARDO Name: Address: 19333 COLLINS AVE SUITE 801 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LECHTER, MOISES Name: Name: 19333 COLLINS AVE SUITE 801 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LECHTER, STEPHEN

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO LECHTER 01/17/2007