

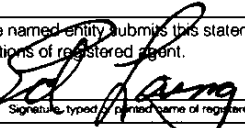
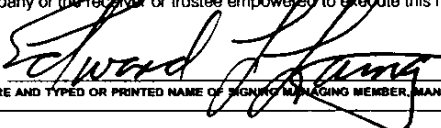


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90019 014 ***138.75

DOCUMENT # L06000087946 1. Entity Name ED LAING INVESTIGATIONS, LLC					
Principal Place of Business 2606 CENTENNIAL PLACE TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 24621 JACKSONVILLE, FL 32241		
2. Principal Place of Business - No P.O. Box # 2606 CENTENNIAL PL Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 24621 Suite, Apt. #, etc.			
City & State TALLAHASSEE		City & State JACKSONVILLE		4. FEI Number NOT APPLICABLE	
Zip 32308		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDEN, JOHN % JAMES D.A. HOLLEY & CO., P.A. 2606 CENTENNIAL PLACE TALLAHASSEE, FL 32308		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 1-4-2008 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / SENIOR INVESTIGATOR <input type="checkbox"/> Delete LAING, EDWARD L. P.O. BOX 24621 JACKSONVILLE, FL 32241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / SENIOR INVESTIGATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAING, EDWARD L. P.O. BOX 24621 JACKSONVILLE, FL 32241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. / INVESTIGATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAING, KAREN C. P.O. BOX 24621 JACKSONVILLE, FL 32241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			1-4-08 (904) 612-8997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		