

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093805

FILED
Feb 26, 2007
Secretary of State

Entity Name: LAUREL OFFICE PARK, LLC.

Current Principal Place of Business:

21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
OCALA, FL 34475

New Principal Place of Business:

1305 EAST FORT KING ST
OCALA, FL 34471

Current Mailing Address:

21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
OCALA, FL 34475

New Mailing Address:

P.O. BOX 190
OCALA, FL 34478

FEI Number: 20-5661961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROW, CHESTER J
21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: TROW, CHESTER J
Address: 21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
City-St-Zip: Ocala, FL 34475

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, JACK A
Address: 2216 ASHLEY COURT
City-St-Zip: Ocala, FL 34471 US

Title: MGR () Change (X) Addition
Name: CLARK, DAVID W
Address: P.O. BOX 6315
City-St-Zip: Ocala, FL 34478 US

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.

SIGNATURE: DAVID W. CLARK

MGR

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date