2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L06000113727

Entity Name: LAUROPHER, LLC

Current Principal Place of Business:

545 KIRKWOOD TERRACE NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

545 KIRKWOOD TERRACE NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

P.O. BOX 7567
ST. PETERSBURG, FL 33734 US

FEI Number: 20-5983041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PESCOD, LAURA L
545 KIRKWOOD TERRACE NORTH
ST. PETERSBURG, FL 33701 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: PESCOD, LAURA L
Address: P.O. BOX 7567
City-St-Zip: ST PETERSBURG, FL 33734

Title: V ( ) Change (X) Addition
Name: IRVIN, CHRISTOPHER G
Address: P.O. BOX 7567
City-St-Zip: SAINT PETERSBURG, FL 33734

I hereby certify that the information supplied with this filing does not qualify 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: LAURA L. PESCOD P 04/28/2007

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