

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118388

Entity Name: L.A.N.E. LLC

FILED
Aug 29, 2008
Secretary of State

Current Principal Place of Business:

244 HEATHERBROOKE CIRCLE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

223 HEATHERBROOKE CIRCLE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 20-8060092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KELLIS, PAUL
223 HEATHERBROOKE CIRCLE
OVIEDO, FL 32765 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:

Title: MGRM () Delete
Name: KELLIS, PAUL
Address: 223 HEATHERBROOKE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: BOYD, EDWARD
Address: 244 HEATHERBROOKE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM (X) Delete
Name: PROCTOR, GREGORY
Address: 14845 ROYAL POINCIANA DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL W. KELLIS

MGRM

08/29/2008

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