2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

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Entity Name: LAUFER OREGON, LLC

Current Principal Place of Business:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BOULEVARD, SUITE 300
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BOULEVARD, SUITE 300
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL N.
SUITE 400
NAPLES, FL 34103 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
Name: LAUFER, WAYNE L
Address: 4989 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: MGR
Name: LAUFER, GAYLE M
Address: 4989 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

I hereby 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 Statues.

SIGNATURE: WAYNE L. LAUFER MGR 04/16/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date