


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90096 048 ****50.00

DOCUMENT # L99000001729 1. Entity Name LAUGHING GULL, LLC					
Principal Place of Business 157 E. 8TH STREET STE 115 JACKSONVILLE, FL 32206			Mailing Address 157 E 8TH STREET STE 115 JACKSONVILLE, FL 32206		
2. Principal Place of Business 1830 N. main st			3. Mailing Address 1830 N. main st		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Jacksonville FL			City & State Jacksonville FL		
Zip 32206			Zip 32206		
Country US			Country US		
4. FEI Number 59-3677215			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent VAN HORN, CRAIG S 157 E 8TH STREET STE 115 JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 N. main Street City Jacksonville FL Zip Code 32206		
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 <u><i>Craig Van Horn</i></u> Craig Van Horn 1-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN HORN, CRAIG S 157 E 8TH STREET, STE 115 JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Craig Van Horn</i></u> Craig Van Horn 1-15-05 904-358-3355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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