


# 007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90085 017 \*\*\*\*55.00

<b>DOCUMENT # L99000009349</b>	
1. Entity Name <b>LAUTERIA &amp; COMPANY, PLC</b>	

Principal Place of Business <b>605 ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046</b>	Mailing Address <b>605 ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046</b>
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-2147955</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>BERKSON, GARY M 111 N. ORANGE AVENUE SUITE 1200 ORLANDO, FL 32801-2361</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LAUTERIA, LOUIS H 605 ROBINSON STREET, SUITE 620 ORLANDO, FL 328012046</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>605 E. ROBINSON ST., STE. 620</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KING, GREGORY F. 605 E. ROBINSON ST., STE. 620 ORLANDO, FL 32801-2046</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1-16-07** **407-872-6829**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #