2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000649

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90074 038 ****50.00

| 1. Entity Name LAUDERDALE-STAPLES, L.L.C. | | | | | | |
|--|---|---|-----------------------------|--|---|-----|
| Principal Place of Business | | Mailing Address | | | | |
| 2440 SE FEDERAL HWY, SUITE 600 STUART, FL 34994 | | P.O. BOX 359 STUART, FL 34995 | | | 20034863 | |
| | | • | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 1 1 1 1 1 1 1 1 1 1 | |
| 850 SW Martin Downs B Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01252005 Cha-LLC CR2E083 (10/03) | |
| Palm City, FL | | 0.00 | | | | |
| City & State | | City & State | | | 4. FEI Number Applied For 65-0845251 Not Applied For | ole |
| Zip Country | | Zip Country | | try | 5. Certificate of Status Desired \$5.00 Additional | |
| 34990 | USA | | L | | Fee Required | |
| | 6. Name and Address of Current F | Registered Agent | | Name | 7. Name and Address of New Registered Agent | |
| O'DONNELL, CHAR ADMIN. | | | | Name | | |
| 2440 SE FEDERAL HWY STE 60 0 | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| -STUART, FL-34994 - | | | | | OFO CIT Manual in Day on Dia 1 | _ |
| | | | | Oite | 850 SW Martin Downs Blvd. | |
| α | | | | City | Palm City FL Zip Code 34990 | |
| | e named entity submits this statement for | the purpose of changing its | s registere | ed office or regist | tered agent, or both, in the State of Florida. I am familiar with, and accept | pt |
| the obligat | tions of registered agent. | 1 1 m | _ | | | |
| SIGNATURE . | Signature typed or printed name of registered agent a | nd title if applicable. (NO: | TE: Registere | r O Dor d Agent signature requi | nnell 4-12-05 ired when reinstating) | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 | | | | Make check payable to Florida Department of State | 1 |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | ADDITIONS/CHANGES | |
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change ☐ Additi | on |
| NAME STREET ADDRESS | GARRIS, STANLEY R 2440 SE FEDERAL HIGHWAY, S | LUTE 600 | NAM! STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | |
| TITLE | ☐ Delete | | TITLE | | ☐ Change ☐ Additi | on |
| NAME | | | NAM | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | |
| · · · · · · · · · · · · · · · · · · · | | Пол | | | ☐ Change ☐ Additi | |
| TITLE NAME | ☐ Delete | | TITLE | ſ | ☐ Change ☐ Addili | OH |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | |
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| NAME | | | | E | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | |
| TITLE | | | TITLE | | ☐ Change ☐ Additi | ์ดก |
| NAME | • | | NAM | 1 | C Omingo C Additi | ٠., |
| STREET ADDRESS | | | STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | E | Change Additi | on |
| NAME | | | MAN | E 1 | | |

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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

James Stanley R. Garrin 2905 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

772-287-1844