


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90032 028 ****50.00

DOCUMENT # L02000015775 1. Entity Name LAWRENCE MANAGEMENT, LLC					
Principal Place of Business 777 SOUTH FLAGLER DRIVE, EAST TOWER C/O SDA ENTERPRISES, INC. 10TH FLOOR WEST PALM BEACH, FL 33401				Mailing Address PO BOX 1087 PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 37-1435129	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUER, ELIOT 101 PARK AVE, 35TH FL., CURTIS HALLET NEW YORK, NY 10178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Eliot Laver 101 Park Ave, 35th Fl., Curtis, Mallet-Prevost New York, NY 10178 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # 212-696-6000	

Attachment 241082711
L02000015775
CURTIS, MALLET-PREVOST, COLT & MOSLE LLP

ATTORNEYS AND COUNSELLORS AT LAW
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August 26, 2004

VIA U.S. MAIL

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

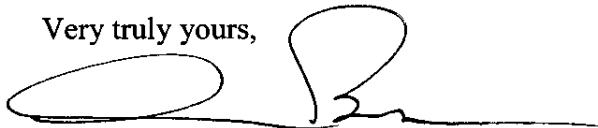
Re: Lawrence Management LLC

To Whom It May Concern:

Enclosed please find the 2004 Limited Liability Company Annual Report for the above-referenced limited liability company together with a check for \$50.00.

Please do not hesitate to contact me at (212) 696-6086 should you have any questions.

Very truly yours,



Evan S. Borenstein

Enclosure