


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90015 002 \*\*\*\*55.00

<b>DOCUMENT # L02000017268</b> 1. Entity Name LAUREL LAKES, LLC	
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Principal Place of Business 1901 SOUTH TAMiami TRAIL VENICE, FL 34293	Mailing Address 1901 SOUTH TAMiami TRAIL VENICE, FL 34293
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01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0094112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GUNDERSON, MIKO P ESQ. 1861 PLACIDA RD., STE. 204 ENGLEWOOD, FL 34223-4949
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLOUTIER, JACQUES 1901 S. TAMiami TR., SUITE A VENICE, FL 34293
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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1-13-05</b> <small>Date</small>	<b>941 493 2600</b> <small>Daytime Phone</small>
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