2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027348

1. Entity Name
TODDLAUREN, LLC

Principal Place of Business	Mailing Address
730 GOODLETTE ROAD SUTIE 205 NAPLES, FL 34102	730 GOODLETTE ROAD SUTIE 205 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

02062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2299758
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP
821 5TH AVENUE SOUTH, STE. 201
NAPLES, FL 34102

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRODIE, TODD D
STREET ADDRESS	730 GOODLETTE ROAD, SUITE 205
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	MILLER, LAUREN L
STREET ADDRESS	730 GOODLETTE ROAD, SUITE 205
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/20/04-80081-002 50.00

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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.

SIGNATURE: Todd D. Brodie Todd D. Brodie 2/12/04 239 514 1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #