

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90021 016 \*\*\*\*50.00

**DOCUMENT # L02000027348**



1. Entity Name  
**TODDLAUREN, LLC**

Principal Place of Business  
730 GOODLETTE ROAD  
SUITE 205  
NAPLES, FL 34102

Mailing Address  
730 GOODLETTE ROAD  
SUITE 205  
NAPLES, FL 34102

**20026885**



|                                |         |                     |         |                                  |                                |                 |
|--------------------------------|---------|---------------------|---------|----------------------------------|--------------------------------|-----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 02232005                         | Chg-LLC                        | CR2E083 (10/03) |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number                    | Applied For                    |                 |
| City & State                   |         | City & State        |         | 56-2299758                       | Not Applicable                 |                 |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |                 |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |  |
| NOVATT, JEFF M ESQ<br>CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP<br>821 5TH AVENUE SOUTH, STE. 201<br>NAPLES, FL 34102 |  | 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 May 1, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BRODIE, TODD D<br>730 GOODLETTE ROAD, SUITE 205<br>NAPLES, FL 34102 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>MILLER, LAUREN L<br>730 GOODLETTE ROAD, SUITE 205<br>NAPLES, FL 34102 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Todd D Brodie 4/14/05 239 436 3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #