2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027348

1. Entity Name.
TODDLAUREN, LLC



FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

730 GOODLETTE ROAD SUTIE 205 NAPLES, FL 34102 Mailing Address

730 GOODLETTE ROAD SUTIE 205 NAPLES, FL 34102



03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
_56-2299758		Not Applicable
5. Certificate of Status Desired	\$5.00) Additional

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		0000000888697 04/22/08-80025-001 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRODIE, TODD D 730 GOODLETTE ROAD, SUITE 205 NAPLES, FL 34102		04/22/88-88825-881 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, LAUREN L 730 GOODLETTE ROAD, SUITE 205 NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Doolog Groden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/08

2395141885

Daytime Phone #