


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015621
 1. Entity Name
 LAURENTIANS, LLC



Principal Place of Business Mailing Address
 1150 CENTRAL AVE. 1150 CENTRAL AVE.
 NAPLES, FL 34102-6214 NAPLES, FL 34102-6214

DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 83-0359389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELEY, PETER L
 GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
 5551 RIDGEWOOD DR., STE. 501
 NAPLES, FL 34108

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

1000000287831
 04/04/05-80084-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, JAMES T 1150 CENTRAL AVENUE NAPLES, FL 34102
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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:  4-1-05 (239)434-8437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #