

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L03000024123**  
 1. Entity Name  
**LAUREN FINANCIAL SERVICES, LLC**



FILED

2004 MAR 31 P 10:46



MOORE CR2E083 (11/03)

Principal Place of Business: 7165 SOUTH SUNCOAST BLVD. HOMOSASSA FL 34446  
 Mailing Address: 7165 SOUTH SUNCOAST BLVD. HOMOSASSA FL 34446

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 13-4256403  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

**7. Name and Address of New Registered Agent**  
 Name: Christopher P. Nielsen  
 Street Address (P.O. Box Number is Not Acceptable): 7165 S. Suncoast Blvd.  
 City: Homosassa FL Zip Code: 34446

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: *Christopher P. Nielsen* Christopher P. Nielsen DATE: 3/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		
TITLE: MGR NAME: NIELSEN, CHRISTOPHER P STREET ADDRESS: 7165 SOUTH SUNCOAST BLVD. CITY-ST-ZIP: HOMOSASSA FL 34446	<input type="checkbox"/> Delete	
TITLE: ST NAME: NIELSEN, CHRISTOPHER P STREET ADDRESS: 7165 SOUTH SUNCOAST BLVD. CITY-ST-ZIP: HOMOSASSA FL 34446	<input type="checkbox"/> Delete	
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10. ADDITIONS/CHANGES		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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:** *Christopher P. Nielsen* Christopher P. Nielsen 3/23/04 352-621-9181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #