


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
 7165 SOUTH SUNCOAST BLVD.  
 HOMOSASSA, FL 34446

Mailing Address  
 7165 SOUTH SUNCOAST BLVD.  
 HOMOSASSA, FL 34446

**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC CR2E083 (10/03)

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

NIELSEN, CHRISTOPHER P  
 7165 S. SUNCOAST BLVD  
 HOMOSASSA, FL 34446

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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSEN, CHRISTOPHER P 7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446
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100000186173  
 01/21/05-80046-001 50.00

**DO NOT WRITE IN THIS SPACE**

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 Nielsen 1/13/05 352-621-9181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #