

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000033336

1. Entity Name
LAUS, LLC



Principal Place of Business
16154 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446

Mailing Address
16154 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446

2. Principal Place of Business
4065 Haverhill Road
Suite, Apt. #, etc.

3. Mailing Address
13900 S. Jog Road
Suite, Apt. #, etc.
#203

City & State
West Palm Beach, FL
Zip **33417** Country **USA**

City & State
Delray Beach, FL
Zip **33446** Country **USA**

6. Name and Address of Current Registered Agent

KRASKER, PAUL
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2213521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name	FL	Zip Code
Street Address (P.O. Box Number is Not Acceptable)		
City		

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

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDRA URDANETA, MARIA 16154 BRISTOL POINTE DRIVE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URDANETA, RAFAEL ANTONIO 16154 BRISTOL POINTE DRIVE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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: X

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

Date

Daytime Phone #

4/29/04

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90121 013 ****50.00

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