


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90079 045 \*\*\*\*50.00

<b>DOCUMENT # L03000037496</b> 1. Entity Name <b>LAURENS 135 LLC</b>					
Principal Place of Business <b>201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131</b>			Mailing Address <b>201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>2333 Brickell Ave.</b>		3. Mailing Address <b>← SAME AS PRINCIPAL</b>			
Suite, Apt. #, etc. <b>Suite D-1</b>		Suite, Apt. #, etc. 			
City & State <b>Miami, FL</b>		City & State 		4. FEI Number <b>20-0962029</b>	
Zip <b>33129</b>		Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Mary Ann Y. David, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2333 Brickell Ave.</b> Suite D-1 City <b>Miami</b> <b>FL</b> Zip Code <b>33129</b>		
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 <u>Mary Ann Y. David, Esq.</u> <b>Mary Ann Y. David, Esq.</b> <b>3/19/04</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Clifford D. Rosen</b> <b>2333 Brickell Ave., Suite D-1</b> <b>Miami, FL. 33129</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> <u>Clifford D. Rosen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/19/04</b> <small>Date</small>		<b>305.859.4900</b> <small>Daytime Phone #</small>