2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041485

Entity Name: LAUREN'S WOODWORKING, LLC

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7618 WHISPER WOODS CT. NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

7618 WHISPER WOODS CT. NEW PORT RICHEY, FL 34655

FEI Number: 03-0530852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LORENTSEN, KELLY A
7618 WHISPER WOODS CT.
NEW PORT RICHEY, FL 34655 US
LORENTSEN, KELLY A
7618 WHISPER WOODS CT.
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: KELLY A LORENTSEN 01/13/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition FREEMAN, JAMES Name: FREEMAN, JAMES H Name: 7618 WHISPER WOODS CT. Address: 7618 WHISPER WOODS CT. Address: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip:

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: LORENTSEN, KELLY Name: LORENTSEN, KELLY A Address: 7618 WHISPER WOODS CT. Address: 7618 WHISPER WOODS CT. City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KELLY A LORENTSEN MGRM 01/13/2005