# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # P03000045928

1. Entity Name

LAUREN PROPERTY MANAGEMENT, INC.



Principal Place of Business

9400 SEA TURTLE LANE PLANTATION, FL 33324

Mailing Address

9400 SEA TURTLE LANE PLANTATION, FL 33324

## FILED Jul 14, 2008 8:00 am Secretary of State

07-14-2008 90033 043 \*\*\*150.00

40110000



07072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2349780

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, WARREN 9400 SEA TURTLE LANE PLANTATION, FL 33324

# DO NOT WRITE IN THIS SPACE

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 til	tle if applicable. (NOTE: Registere	d Agent signature required when	reinstating) DA	ATE
		<u> </u>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		May Be Fees	
10.	OFFICERS AND DIR	ECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, WARREN 9400 SEA TURTLE LANE PLANTATION, FL 33324			· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, LAURA ,9400 SEA TURTLE LANE 'PLANTATION, FL 33324				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	DO NOT WRI	TE .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OF PRIA ED NAME OF SIGNING OFFICEROR DIRECTOR

3 08 9544769092

# ATTACHMENT.

# P03 000045928

JULY 7,2008 FLORIDA DEPARTMENT OF STATE TALLAHASSEE,FL 32314

#### GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2008.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY,2008 FOR THE YEAR 2008. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

fren M. Coreen h