

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026770

Entity Name: LGA PROPERTIES, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

19541 FRANJO ROAD
MIAMI, FL 33157

New Principal Place of Business:

19541 FRANJO ROAD
CUTLER BAY, FL 33157

Current Mailing Address:

19541 FRANJO ROAD
MIAMI, FL 33157

New Mailing Address:

19541 FRANJO ROAD
CUTLER BAY, FL 33157

FEI Number: 20-4198817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTORGA, GEORGE
19541 FRANJO ROAD
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

ASTORGA, GEORGE
19541 FRANJO ROAD
CUTLER BAY, FL 33157 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: _____

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ASTORGA, GEORGE
Address: 19541 FRANJO ROAD
City-St-Zip: MIAMI, FL 33157 US

Title: VP () Delete
Name: ASTORGA, ELIZABETH
Address: 19541 FRANJO ROAD
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ASTORGA, GEORGE
Address: 19541 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157 US

Title: VP (X) Change () Addition
Name: ASTORGA, ELIZABETH
Address: 19541 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE ASTORGA

PRES

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date