

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000017347

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** LAGA LAND DEVELOPMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

424 CAMPUS ST  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

424 CAMPUS ST  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 20-8444496      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

LAGA, JOHN J JR  
424 CAMPUS ST  
CELEBRATION, FL 34747      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAGA, JOHN J JR.  
Address: 424 CAMPUS ST  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: LAGA, JOHN T III  
Address: 424 CAMPUS ST  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN T. LAGA

PRES

01/04/2008

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