


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000569  
 1. Entity Name  
 LAGOON INVESTMENTS, L.L.C.



Principal Place of Business      Mailing Address  
 9000 SW 152ND ST., STE. 106      9000 SW 152ND ST., STE. 106  
 MIAMI, FL 33157      MIAMI, FL 33157

**DO NOT WRITE IN THIS SPACE**



01062005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0975297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BROWN, B. MACKAY ESQ.  
 C/O WHITE & BROWN, P.A.  
 9000 SW 152ND ST., STE. 102  
 MIAMI, FL 33157

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS SANZ, JOSEPH A 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BAGUSAT, MICHAEL 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157
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100000184598  
 01/20/05-80037-008 50.00

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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.

SIGNATURE: X [Signature]      1/13/05 306-278-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #