

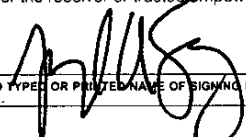


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 019 ****50.00

DOCUMENT # L00000000569					
1. Entity Name LAGOON INVESTMENTS, L.L.C.					
Principal Place of Business 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157			Mailing Address 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157		
2. Principal Place of Business 9155 S. Dadeland Blvd Suite, Apt. #, etc. #1602 City & State Miami FL Zip 33156 Country USA			3. Mailing Address 9155 S. Dadeland Blvd Suite, Apt. #, etc. #1602 City & State Miami Zip 33156 Country USA		
					
02232006 Chg-LLC CR2E083 (11/05)					
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. 106 MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9155 S. Dadeland Blvd #1602 City Miami FL Zip Code 33156		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS SANZ, JOSEPH A <input type="checkbox"/> Delete 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT BAGUSAT, MICHAEL <input type="checkbox"/> Delete 9000 SW 152ND ST., STE. 106 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: 			2/28/06 305-278-8400		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		