


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000004778

1. Entity Name
LAPLANA CASAS, L.L.C.



Principal Place of Business 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134 US	Mailing Address 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 52-2313740	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

**GOMEZ DE LA VEGA, MARIA A
 4535 NW 97TH COURT
 MIAMI, FL 33178**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000917618
 05/13/08-80050-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPLANA, RAFAEL 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPLANA, LUIS 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **LUIS LAPLANA** **4/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #