2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90002-042-$50.00-$50.00

DOCUMENT # L02000013450

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

LAGUNA ESTATES, L.L.C.

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
245 ATLANTIC DRIVE MELBOURNE BEACH FL 32951	245 ATLANTIC DRIVE MELBOURNE BEACH FL 32951

2. Principal Place of Business	3. Mailing Address
1209 South Riverside Dr.	1209South Riverside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INDIALANTIC	City & State: INDIALANTIC
Zip: FL. 32903 Country:	Zip: FL. 32903 Country:

4. FEI Number: 75-3062616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYERHOEFFER, ALAIN 245 ATLANTIC DRIVE MELBOURNE BEACH FL 32951	Name: MAYERHOEFFER, ALAIN Street Address (P.O. Box Number is Not Acceptable): 1209 SOUTH RIVERSIDE DRIVE City: INDIALANTIC FL Zip Code: 32903

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: MAYERHOEFFER ALAIN — 08-13-2003

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER SALCIAK CONSTRUCTION INC 8265 N. WICKHAM Rd. Suite A MELBOURNE FL. 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER. HART TO HART INC 7655 South TROPICAL TRAIL MERRITT ISLAND, FL. 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER I-C-S-B-L-L-C 1209 South RIVERSIDE DR. INDIALANTIC FL. 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STATEMENT 03 dcc	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED — 08.13.2003 — 321 951 0101

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