

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000033771

1. Entity Name
BLUE LAGOON INVESTMENTS LLC



Principal Place of Business
**1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131**



04042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0761446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEORGE D. PERLMAN, P.A.
1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
PERLMAN, GEORGE D
1001 BRICKELL BAY DRIVE, SUITE 31121
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PS
PERLMAN, GEORGE D
1001 BRICKELL BAY DRIVE SUITE 33131
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000925860
05/20/08-80044-003 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GEORGE D. PERLMAN

4/4/08

305 374 5646