


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000031862 1. Entity Name CANCUN LAGOON OF THE AMERICAS LLC |  |
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| Principal Place of Business 2430 SOUTH ATLANTIC AVE. SUITE F DAYTONA BEACH SHORES, FL 32118 | Mailing Address 2430 SOUTH ATLANTIC AVE. SUITE F DAYTONA BEACH SHORES, FL 32118 |
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03232005 No Chg-LLC

CR2E083 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 54-2152974 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WEST, BRADFORD D ESQ. 731 VIA LOMBARDY WINTER PARK, FL FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

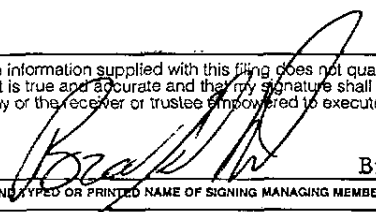
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WEST, BRADFORD D 2430 S ATLANTIC AVE STE F DAYTONA BEACH SHORES, FL 32118 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MILLER, CRAIG S 2430 S ATLANTIC AVE STE F DAYTONA BEACH SHORES, FL 32118 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WETHERELL, WILLIAM J 2430 S ATLANTIC AVE STE F DAYTONA BEACH SHORES, FL 32118 |
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04/21/05-80058-006 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)(f), 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:  **Bradford D. West/Mgr** **3/22/05** **(386) 255-7336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #