


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 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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04122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2152974	Applied For Not Applicable
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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

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000719180
05/01/07-80054-001 50.00

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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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

386-255-7336

Date

Daytime Phone #

Edwin Peck, Jr., Representative