

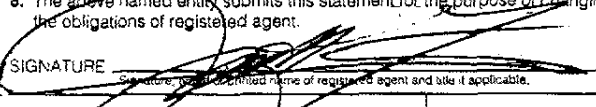



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000042744							
1. Entity Name LAGUNA LAKES, LLC							
Principal Place of Business 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 33907 US		Mailing Address 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 33907 US					
2. Principal Place of Business		3. Mailing Address		 01092004 Chg-LLC CR2E083 (10/03)			
Suite, Apt #, etc		Suite, Apt #, etc					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FORRESTER, JAMES H 6687 KESTREL CIRCLE FORT MYERS, FL 33912			Name				
			Street Address (P O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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: 1/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FORRESTER, JAMES H	NAME	U00000007513				
STREET ADDRESS	6687 KESTREL CIRCLE	STREET ADDRESS	01/20/04-80026-018 50.00				
CITY - ST - ZIP	FORT MYERS, FL 33912	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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: 		Date: 1-15-04		Daytime Phone #: 889-919-4188			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							