


- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90385 006 ****50.00

DOCUMENT # L04000026600

1. Entity Name
LAGO CARMONA, LLC



Principal Place of Business Mailing Address
~~8880 N.W. 20TH STREET, SUITE F~~ ~~8880 N.W. 20TH STREET, SUITE F~~
MIAMI, FL 33172 **MIAMI, FL 33172**

20022345



2. Principal Place of Business 3. Mailing Address
10845 NW 29 St **P.O. Box 142161**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State City & State
miami, FL **Miami, FL 33172**

Zip Country Zip Country
33172 **33172** **US**

4. FEI Number Applied For
81-0648671 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
TALAMAS, JAMES 8880 N.W. 20TH STREET, SUITE F MIAMI, FL 33172	Name
	Street Address (P.O. Box Number is Not Acceptable)
	10845 NW 29 St
	City State Zip Code Miami FL 33172

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 _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALAMAS, JAMES 8880 N.W. 20TH STREET, SUITE F MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10845 NW 29 Street miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 609, Florida Statutes.

SIGNATURE: *James Talamas* 3/8/05 305-591-9990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #