

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90142 036 \*\*\*\*50.00

**DOCUMENT # L04000034822**

1. Entity Name  
**LAGUNA MANAGEMENT, LLC**



Principal Place of Business  
**3505 OCEAN DRIVE  
VERO BEACH, FL 32963 US**

Mailing Address  
**3505 OCEAN DRIVE  
VERO BEACH, FL 32963 US**

**40003003**



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>83-0395043</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134**

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SNOWDEN, GUY B
STREET ADDRESS	3505 OCEAN DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	MGRM
NAME	TAYLOR, JOHN E JR
STREET ADDRESS	3505 OCEAN DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	MGRM
NAME	MURRAY, E. OBRIEN
STREET ADDRESS	3505 OCEAN DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

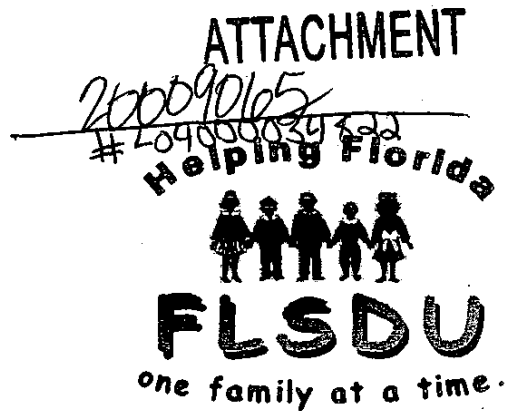
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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 #



**STATE OF FLORIDA DISBURSEMENT UNIT**

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

We are returning the enclosed check(s) for one or more of the following reasons:

☐ Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payee and return to the address listed below.

☒ The check was sent to this office in error.

☐ The check is defective and cannot be processed because: \_\_\_\_\_

☐ There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.

☐ The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.

☐ The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.

☐ The case information provided is for a child support case that has been closed.

☐ Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing. (see other below)

☐ Other \_\_\_\_\_

Should you need more information about your child support case(s), please contact the Clerk of the Court for the county where your case was filed.

If you have questions concerning your returned Item please contact: June at 1-877-388-0421 or 850-205-8212.

Thank you for your attention to this matter.

Florida State Disbursement Unit  
P.O. Box 8500  
Tallahassee, FL 32314