

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059433

Entity Name: GULF LAGOON, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

804 SOUTH NEWPORT AVE
TAMPA, FL 33606

New Principal Place of Business:

804 SOUTH NEWPORT AVE
TAMPA, FL 33606 US

Current Mailing Address:

804 SOUTH NEWPORT AVE
TAMPA, FL 33606

New Mailing Address:

804 SOUTH NEWPORT AVE
TAMPA, FL 33606 US

FEI Number: 20-1475603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFMAN, MERGA
212 N BAY HILLS BLVD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

MARMARELLIS, JOAN M MGR
804 S NEWPORT AVE
TAMPA, FL 33606 US

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.

SIGNATURE: JOAN M MARMARELLIS

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOAN M. MARMARELLIS,
Address: 804 SOUTH NEWPORT AVE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARMARELLIS, JOAN M OWNER
Address: 804 SOUTH NEWPORT AVE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Change (X) Addition
Name: FAGER, CHARLES J OWNER
Address: 804 SOUTH NEWPORT AVE
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN M MARMARELLIS

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date