2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070695

10732 LIPPIZAN DR.

JACKSONVILLE, FL 32257 US

Address:

City-St-Zip:

Entity Name: LA REGIA, LLC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2159 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32246 US **Current Mailing Address: New Mailing Address:** 10732 LIPPIZAN DR JACKSONVILLE, FL 32257 US FEI Number: 20-1677713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEDELLIN, CARLOS G 10732 LIPPIZAN DR. JACKSONVILLE, FL 32257 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MEDELLIN, CARLOS G Name: Name: 10732 LIPPIZAN DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MEDELLIN, TERESA M Name: Name: Address: 10732 LIPPIZAN DR Address: City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition DELACRUZ, HUMBERTO Name: Name: Address: 6126 TOWNSEND RD, LOT 7 Address: City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MEDRANO, ARMANDO Name: Address: 8442 FREE AVE. Address: City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition AGUILAR-ORTIZ, JUAN M Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CARLOS G MEDELLIN MGRM 04/30/2007