2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2006
Secretary of State

DOCUMENT# L05000010794

Entity Name: LASALAGA, LLC

Current Principal Place of Business:

15610 LAKE GRACE DRIVE
ODESSA, FL 335563019

New Principal Place of Business:

Current Mailing Address:

15610 LAKE GRACE DRIVE
ODESSA, FL 335563019

New Mailing Address:

FEI Number: 20-2452125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASON, LARRY E
15610 LAKE GRACE DRIVE
ODESSA, FL 335563019 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	CASON, LARRY E	
Address:	15610 LAKE GRACE DRIVE	
City-St-Zip:	ODESSA, FL 335563019	
Title:	MGRM	( ) Delete
Name:	COLLURA, SAMUEL J JR.	
Address:	1303 JEN-MA-JO LANE	
City-St-Zip:	LUTZ, FL 335493875	
Title:	MGRM	( ) Delete
Name:	PRIETO, LARRY E	
Address:	2504 WITHY COURT	
City-St-Zip:	TAMPA, FL 336181528	
Title:	MGRM	(X) Delete
Name:	HOWCRAFT, GARY L	
Address:	2509 VINY COURT	
City-St-Zip:	TAMPA, FL 336181525	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LARRY E CASON MGRM 09/12/2006

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