


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90018 048 \*\*\*\*50.00

<b>DOCUMENT # L05000031137</b> 1. Entity Name <b>THE BLUE LAGOON MOTEL, LLC</b>					
Principal Place of Business <b>3333 NE 34TH STREET, APT. #1112-A FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>3333 NE 34TH STREET, APT. #1112-A FT. LAUDERDALE, FL 33308</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>52-2456341</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILLAR, DONNA 3333 NE 34TH STREET, APT. #1112-A FT. LAUDERDALE, FL 33308</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL    Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLAR, ROBERT 3333 NE 34TH STREET, APT. #1112-A FT. LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLAR, DONNA 3333 NE 34TH STREET, APT. #1112-A FT. LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>ROBERTO MILLAR</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AUTHORITY MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			Date: <b>4/20/2006</b> Daytime Phone #: <b>(954) 565-6666</b>		