

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034054

Entity Name: LAGRA, LLC

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

C/O KATHY LASSETER
3401 N.E. 170TH STREET
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

C/O KATHY LASSETER
3401 N.E. 170TH STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-2659671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIGSBERG, JAY ESQ
1101 BRICKELL AVENUE SUITE 800-SOUTH
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: DR. () Change (X) Addition
Name: LASSETER, KENNETH C MGR
Address: 3401 NE 170 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MRS. () Change (X) Addition
Name: LASSETER, KATHY G MGR
Address: 3401 NE 170 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MR. () Change (X) Addition
Name: GRAVES III, FRANK L MGR
Address: 3401 NE 170 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: KENNETH C. LASSETER

MGR

01/04/2006

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