

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000083815

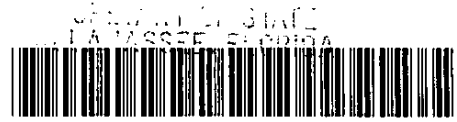
1. Entity Name

LAGUNA LLC



FILED

07 APR -2 AM 10:33



Principal Place of Business

Mailing Address

13205 U.S. HIGHWAY ONE  
SEMINOLE PLAZA, SUITE 301  
JUNO BEACH FL 33408

13205 U.S. HIGHWAY ONE  
SEMINOLE PLAZA, SUITE 301  
JUNO BEACH FL 33408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5444408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIKLIN, ALAN J ESQ.  
515 NORTH FLAGLER DRIVE, SUITE 1700  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HERNANDEZ, VICTOR  
13205 US Hwy One, Suite 301,  
Juno Beach, FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
900095880489  
04/05/07--01027--001 \*\*550.00 ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition  
JC4/7

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/01/07

561-694-2446

Date

Daytime Phone #