


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

138.75

<b>DOCUMENT # L06000083815</b>					
<b>1. Entity Name</b> LAGUNA LLC					
<b>Principal Place of Business</b> 13205 U.S. HIGHWAY ONE SEMINOLE PLAZA, SUITE 301 JUNO BEACH FL 33408			<b>Mailing Address</b> 13205 U.S. HIGHWAY ONE SEMINOLE PLAZA, SUITE 301 JUNO BEACH FL 33408		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		1st MOORE      CR2E083 (10/07)	
Zip		Country		<b>4. FEI Number</b> 20-5444408	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CIKLIN, ALAN J ESQ. 515 NORTH FLAGLER DRIVE, SUITE 1700 WEST PALM BEACH FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent's signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, VICTOR 13205 U.S. HIGHWAY ONE, SUITE 301 JUNO BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100120868631 03/21/08--01004--004    **427.50	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			03/04/08 (561)694-2446		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Capitalized Phone #					