


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 009 ***138.75

DOCUMENT # L07000072142	
1. Entity Name REGA LAA LLC	

Principal Place of Business 7446, FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Mailing Address 7446, FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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50004442



2. Principal Place of Business - No P.O. Box # —	3. Mailing Address —
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State —	City & State —
Zip —	Country —

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **11-3830473** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DESAI, BHARAT N 7446, FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	7. Name and Address of New Registered Agent Name NA Street Address (P.O. Box Number is Not Acceptable) — City FL Zip Code —
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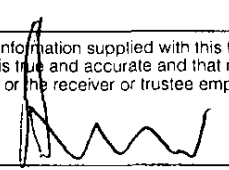
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESAI, BHARAT N 7446, FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SETHI, NEERJA 7446, FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **BHARAT DESAI** **APR 14, 2008** **305 532 3989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #