2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-17-2008 90267 035 ***138.15
FILED L07000079739
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 17 PM 3: 14

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DOCUMENT # L07000079739

1. Entity Name
231 LAGOON LLC

Principal Place of Business	Mailing Address
ATTN: JAMES M. HANKINS 1801 N. MILITARY TRAIL, STE. 200 BOCA RATON, FL 33431	ATTN: JAMES M. HANKINS 1801 N. MILITARY TRAIL, STE. 200 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1770 East 34th Street	1770 East 34th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooklyn, NY	City & State: Brooklyn, NY
Zip: 11234 Country:	Zip: 11234 Country:

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number — Applied For / X Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
1801 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NAPOLITANO, DIANE 1770 EAST 34TH STREET BROOKLYN, NY 11234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: x Diane Napolitano Diane Napolitano, MGRM 718 436-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #