

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000566

FILED
Mar 21, 2006
Secretary of State

Entity Name: LAGUNA RIVIERA VENTURES, L.L.C.

Current Principal Place of Business:

4200 WEST CYPRESS, SUITE 444
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4200 WEST CYPRESS, SUITE 444
TAMPA, FL 33607

New Mailing Address:

FEI Number: 82-0587950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: OPUS SOUTH DEVELOPME, NT LLC
Address: 4200 WEST CYPRESS, SUITE 444
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: MANATEE LAGUNA HOLDI, NGS LLC
Address: 4200 WEST CYPRESS, SUITE 444
City-St-Zip: TAMPA, FL 33607

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MAGGIO, FRANK S
Address: 724-A 2ND AVE S
City-St-Zip: ST PETERSBURFG, FL 33701 US

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: FRANK S MAGGIO

MGRM

03/21/2006

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