## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90026 042 \*\*\*\*50.00

## **DOCUMENT # M03000000566**



LAGUNA RIVIERA VENTURES, L.L.C. Principal Place of Business Mailing Address **200**33242 4200 WEST CYPRESS, SUITE 444 4200 WEST CYPRESS, SUITE 444 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State 82-0587950 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE TITLE ☐ Delete ☐ Change ☐ Addition OPUS SOUTH DEVELOPMENT LLC NAME NAME 4200 WEST CYPRESS, SUITE 444 STREET ADDRESS \$TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33607 MGRM 🗹 Delete TITLE TITLE ☐ Change Addition NAME MANATEE LAGUNA HOLDINGS LLC NAME STREET ADDRESS 4200 WEST CYPRESS, SUITE 444 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP Delete ☐ Change Addition TITLE Joseph Ramenhorst #1075 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DIVITIS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO Daytime Phone #