## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT



**FILED** 

Apr 05, 2007 8:00 am Secretary of State

Daytime Phone #

04-05-2007 90024 012 \*\*\*\*50 00 DOCUMENT # M03000000566 1. Entity Name LAGUNA RIVIERA VENTURES, L.L.C. Principal Place of Business Mailing Address 4200 WEST CYPRESS, SUITE 444 4200 WEST CYPRESS, SUITE 444 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03192007 Chg-LLC CR2E083 (12/06) 4 FEI Number Applied For City & State City & State 82-0587950 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE \* OPUS SOUTH DEVELOPMENT LLC NAME NAME STREET ADDRESS 4200 WEST CYPRESS, SUITE 444 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP DP TITLE Change ☐ Addition TITLE ☐ Delete RAUHENHURST, JOSEPH NAME NAME 025 NE. MIZNER BLVD #675 BOCA RATON, FIL 33432 STREET ADDRESS 1225 NE INIZER BLVD #675 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY - ST-ZIP TITLE ☐ Addition TITLE Delete GREENFIELD, BARRY NAME NAME 4200 WEST CYPRESS, SUITE 444 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE ☐ Defete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

JRE: Jawy Jacobs Signing Managing Member, Manager, or authorized representative

SIGNATURE: