

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027328

Entity Name: GIGATT, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

381 PINE CONE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

334 TYMBER RUN
ORMOND BEACH, FL 32174

Current Mailing Address:

381 PINE CONE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

334 TYMBER RUN
ORMOND BEACH, FL 32174

FEI Number: 16-1636449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, PAUL
381 PINE CONE DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

WEIDNER, PAUL
334 TYMBER RUN
ORMOND BEACH, FL 32174 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEIDNER, PAUL
Address: 381 PINE CONE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: WEIDNER, KAREN
Address: 381 PINE CONE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEIDNER, PAUL
Address: 334 TYMBER RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change () Addition
Name: WEIDNER, KAREN
Address: 334 TYMBER RUN
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: KAREN WEIDNER

MGR

04/29/2008

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