

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000458

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: CAPT. DIANNE KAY STIGALL L.C.

## Current Principal Place of Business:

PO BOX 2371  
FORT MYERS, FL 33902

## New Principal Place of Business:

3113 SE 20TH PLACE  
CAPE CORAL, FL 33904

## Current Mailing Address:

2588 KINGS LAKE BLVD  
NAPLES, FL 34112

## New Mailing Address:

FEI Number: 69-0003591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRADY, JOHN E  
BRADY & ASSOCIATES YACHT SALES, INC.  
2030 WEST FIRST STREET, #E  
FORT MYERS, FL 33901 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: STIGALL, DIANNE  
Address: PO BOX 2371  
City-St-Zip: FORT MYERS, FL 33902

Title: MGRM ( ) Delete  
Name: STIGALL, GUY  
Address: PO BOX 2371  
City-St-Zip: FORT MYERS, FL 33902

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STIGALL, DIANNE  
Address: 3113 SE 20TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Change ( ) Addition  
Name: STIGALL, GUY  
Address: 3113 SE 20TH PL  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANNE STIGALL

MGRM

04/26/2005

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