

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009114

**FILED**  
**May 11, 2004**  
**Secretary of State**

**Entity Name:** ZIGGIE'S CRAB SHACK, LLC

**Current Principal Place of Business:**

83000 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 602  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 65-1115980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIOFFI, JOHN  
83000 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**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: P ( ) Delete  
Name: CIOFFI, JOHN  
Address: P.O BOX 602  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CIOFFI, JOHN  
Address: P.O BOX 602  
City-St-Zip: ISLAMORADA, FL 33036

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: JOHN CIOFFI

MGR

05/11/2004

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