

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90030 003 \*\*\*\*55.00

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01142005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000010583</b> 1. Entity Name <b>PIGGY'S, L.L.C.</b>					
Principal Place of Business <b>3045 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>777 BAYSHORE DRIVE, #1605 FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business <b>777 Bayshore Drive</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>1605</b>		Suite, Apt. #, etc.			
City & State <b>Ft. Lauderdale FL</b>		City & State			
Zip <b>33304</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
4. FEI Number <b>05-0561383</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>JACOBSON, DANIEL A ESQ 2500 NORTH FEDERAL HWY., STE. 100 FORT LAUDERDALE, FL 33305</b>			7. Name and Address of New Registered Agent Name <b>DAVID C. ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 Bayshore Drive</b> <b>#1605</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>DAVID C. ALLEN</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/22/05</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALLEN, DAVID C 777 BAYSHORE DRIVE, #1605 FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>		<b>DAVID C. ALLEN</b>		<b>4/22/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	