JUL-01-2004 THU 03:14 PM LAW OFFICES FAX NO. 5

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Jul 23, 2004 8:00 am
Secretary of State

07-09-2004 90091 030 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024596

1. Entity Name
LIGA, LLC

34009493

Principal Place of Business	Mailing Address
C/O JAMES N. REYER, P.A. 5301 NORTH FEDERAL HWY., STE. 130 BOCA RATON, FL 33487	C/O JAMES N. REYER, P.A. 5301 NORTH FEDERAL HWY., STE. 130 BOCA RATON, FL 33487

07012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
703-705 E. Palmetto Pk. Rd	703-705 E. Palmetto Pk Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number 56-2379199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYER, JAMES N
5301 NORTH FEDERAL HWY., STE. 130
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name: Athan C. Prakas
Street Address (P.O. Box Number Is Not Acceptable): 703-705 E Palmetto Park Road
City: Boca Raton FL Zip Code: 33432

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] 6-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, JOSEF 5301 NORTH FEDERAL HWY., STE. 130 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, ROSLYN 5301 NORTH FEDERAL HWY., STE. 130 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 6-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #