2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L03000024596 1. Entity Name 03-03-2006 90004 007 ****50.00 LIGA, LLC Principal Place of Business Mailing Address 703-705 E. PALMETTO PK. RD BOCA RATON FL 33432 703-705 E. PALMETTO PK. RD BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 56-2379199 Not Applicable Ziρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRAKAS, ATHAN C-703-705 E PALMETTO PARK ROAD BOCA RATON FL 33432 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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, typed or printed name of registricit again and alth disposables FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MILE MGRM TITLE Delete Change Addition NAME ROSS, JOSEF NAME 705 E. PALMETTO PARK Rd. STREET ADDRESS 530T NORTH PEDERAL-HWY., STE. 100 STRUCT ADDRESS C/7Y - ST - 7/P BOCA RATON PL 33487 CITY-ST-7IP BOLA RATON, FE. 33432 TITLE TITLE MGRM ☐ Delete Change ☐ Addition NAME ROSS, ROSLYN NAME 705 & Palnetto Park Rd STREET ADDRESS STREET ADDRESS 530T NORTH FEDERAL HWY., STE. 120 CITY-ST-ZIP COY-ST- AP Deloto. nn. tifte: Chance ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance Addition NALES MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171 F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIE 11. I hereby certify that the information supplies—with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 3-15-06 861-368-0003 SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 23, 2006 8:00 am

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

LIGA, LLC 703-705 E. PALMETTO PK. RD BOCA RATON, FL 33432

Subject: LIGA, LLC

Reference Number:

L03000024596

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION