


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

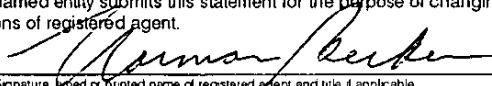
**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90020 029 \*\*\*\*50.00

<b>DOCUMENT # L03000036327</b>			
1. Entity Name <b>GIGANTIC, LLC</b>			
Principal Place of Business <b>2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>		Mailing Address <b>2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>	
2. Principal Place of Business <b>1909 TYLER ST Suite, Apt. #, etc. 603</b>		3. Mailing Address <b>1909 TYLER ST Suite, Apt. #, etc. 603</b>	
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD FL</b>	
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33020</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent  <b>SCHERMER, STEVEN J 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>NORMAN BECKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1909 TYLER ST STE 603</b> <b>HOLLYWOOD FL 33020</b> City <b>FL</b> 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  DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BECKER, NORMAN H 2404 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1909 Tyler Street #603 Hollywood FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-28-05**

Date

**954-925-1900**

Daytime Phone #