2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AN
Secretary of State

1. Entity Nam	MENT # L030000 LIGGETT, L.L.C.	57556		Secr	etary of State
Principal Plac	e of Business	Mailing Address		· <u></u> .	•
1414 N. BAF	rcelona St.	1414 N. BARCELONA ST.			
PENSACOLA,	FL 32501	PENSACOLA, FL 32501			
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DO NOT WRITE IN THIS SPA			CE.	4. FEI Number 20-0534799	Applied For
				5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Cui	rrent Registered Agent	_	to the transfer of section to the section with the section of the	
LIGGETT,	BRYANT			DO MOT ME) TE
1414 N. BARCELONA STREET PENSACOLA, FL 32501			DO NOT WRITE IN THIS SPACE		
	named entity submits this statem tions of registered agent.	ent for the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florid	da," I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Regist	ered Agent signature requires	Iwnen reinstating)	* DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006			este au Torres	<u></u>
9.	MANAGING M	EMBERS/MANAGERS	_		
TITLE	MGRM				• • •
NAME STREET ADDRESS	LIGGETT, BRYANT			EDVOCAĞIL	81261
CITY-ST-219	PENSACOLA, FL 32501		ł	01/11/06-8	81261 0046-019 50.00
TITLE	, , , , , , , , , , , , , , , , , , , ,		7		••
NAME			ſ		
STREET ADDRESS	}				
CITY-ST-ZIP			4		
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NAME			Į.	Acceptable to the second of the second	
STREET ADDRESS	}		1	W TON OC	RITE
City-ST-ZIP	1		T	1/64 ±804 - 6 ± 260± 分 数单分	TO WE AT THE NA

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Fiorida St	attres, i territer 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 are	n a managing member or manager of the
limited liability company or the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
written liability company of all receiver of trustee empowed to execute and report as required by original obs.	

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

1/3/06

(850)438-57₀;

Daytime Phone #