2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# L04000020415

Entity Name: CIMAGLIA HOLDINGS NUMBER EIGHT, LLC

Current Principal Place of Business:

413 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

413 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 90-0152579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CIMAGLIA, THOMAS P
413 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

CIMAGLIA, SR., THOMAS P
413 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: THOMAS P. CIMAGLIA, SR. 01/15/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CIMAGLIA, THOMAS P
Address: 413 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM ( ) Delete
Name: CIMAGLIA, SANDRA J
Address: 413 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CIMAGLIA, SR., THOMAS P
Address: 413 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS P. CIMAGLIA, SR. MGR 01/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date