

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038419

Entity Name: LACIGALE, LLC

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

6448 HUNTINGTON LAKES
NAPLES, FL 34119

New Principal Place of Business:

1200 REAR DUVAL STREET
KEY WEST, FL 33040 US

Current Mailing Address:

6448 HUNTINGTON LAKES
NAPLES, FL 34119

New Mailing Address:

1200 REAR DUVAL STREET
KEY WEST, FL 33040 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIBRAMSKY, STEVEN
937 FLAMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SARDA, CATHERINE
Address: 1200 REAR DUVAL STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR () Change (X) Addition
Name: BONTUOX, REGIS
Address: 1200 REAR DUVAL STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR () Change (X) Addition
Name: WARRAND, VIRGINIA
Address: 1200 REAR DUVAL STREET
City-St-Zip: KEY WEST, FL 33040 US

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: CATHERINE SARDA

MGRM

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date