
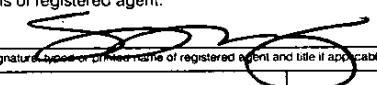
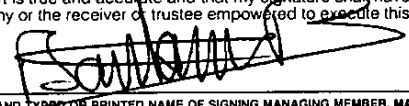


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000038419 1. Entity Name LACIGALE, LLC						FILED 4/20/05 05 APR 20 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1200 REAR DUVAL STREET KEY WEST, FL 33040 US				Mailing Address 1200 REAR DUVAL STREET KEY WEST, FL 33040 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-2484782 APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PRIBRAMSKY, STEVEN 937 FLAMING STREET KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 3/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARDA, CATHERINE 1200 REAR DUVAL STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Member Catherine Sarda 1200 Rear Duval Street Key West, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONToux, REGIS 1200 REAR DUVAL STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President of operations Regis Bontoux 1200 Rear Duval Street Key West, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARRANT, VIRGINIA 1200 REAR DUVAL STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Virginia Warrant 1200 Rear Duval Street Key West, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700054032517 05/09/05--01004--005 **55.00			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 03/28/05 <small>Date</small>			