

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061569

Entity Name: L G INTERNATIONAL LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

960 ARTHUR GODFREY ROAD
212
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

960 ARTHUR GODFREY ROAD
212
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-1918818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLEGOS, LUIGI
960 ARTHUR GODFREY ROAD
212
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GALEGOS, LUIGI
960 ARTHUR GODFREY ROAD
212
MIAMI BEACH, FL 33140 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: LUIGI GALEGOS

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GALLEGOS, LUIGI
Address: 960 ARTHUR GODFREY ROAD SUITE 212
City-St-Zip: MIAMI BEACH, FL 33140

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALEGOS, LUIGI
Address: 960 ARTHUR GODFREY ROAD SUITE 212
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Change (X) Addition
Name: FACIOLINCE, JEANNETTE
Address: 960 ARTHUR GODFREY ROAD SUITE 212
City-St-Zip: MIAMI BEACH, FL 33140

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: LUIGI GALEGOS

MGR

04/27/2005

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