

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073352

**FILED**  
**Apr 22, 2006**  
**Secretary of State**

**Entity Name:** SOUTH TAMPA CIGARS & ACCESSORIES LLC

**Current Principal Place of Business:**

4519 S. CORTEZ AVE.  
TAMPA, FL 33611 US

**New Principal Place of Business:**

1716 SO. DALE MABRY HWY  
TAMPA, FL 33629 US

**Current Mailing Address:**

4519 S. CORTEZ AVE.  
TAMPA, FL 33611 US

**New Mailing Address:**

1716 SO. DALE MABRY HWY  
TAMPA, FL 33629 US

**FEI Number:** 20-1727011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLD LEAF DISTRIBUTORS, INC  
4519 S. CORTEZ AVE.  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

SOUTH TAMPA CIGARS & ACCESSORIES  
1716 SO. DALE MABRY HWY  
TAMPA, FL 33629 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:** JOE K LACKEY

04/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** GOLD LEAF DISTRIBUTORS, INC  
**Address:** 4519 S. CORTEZ AVE.  
**City-St-Zip:** TAMPA, FL 33611 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SOUTH TAMPA CIGARS & ACCESSORIES  
**Address:** 1716 SO. DALE MABRY HWY  
**City-St-Zip:** TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** JOE K LACKEY

P

04/22/2006

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