

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044880

Entity Name: DIGI ENTERPRISES, LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

14951 NW 188TH ST.
ALACHUA, FL 32615

New Principal Place of Business:

16067 NW 208TH WAY
HIGH SPRINGS, FL 326438391

Current Mailing Address:

P.O. BOX 1689
ALACHUA, FL 326161689

New Mailing Address:

FEI Number: 20-2799969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTILLAN, GIRI A
14951 NW 188TH ST.
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

SANTILLAN, GIRI A
16067 NW 208TH WAY
HIGH SPRINGS, FL 326438391 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: GIRI A SANTILLAN

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTILLAN, GIRI A
Address: 14951 NW 188TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: ZEPPELLO, DRAUPADI
Address: 13605 NW CR 235 #401
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTILLAN, GIRI A
Address: 16067 NW 208TH WAY
City-St-Zip: HIGH SPRINGS, FL 326438391

Title: MGRM (X) Change () Addition
Name: ZEPPELLO, DRAUPADI
Address: 16067 NW 208TH WAY
City-St-Zip: HIGH SPRINGS, FL 326438391

I hereby certify that the information supplied with this filing does not qualify for the 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: GIRI A SANTILLAN

MGRM

04/05/2006

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