

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061063

Entity Name: INDIGO, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

1738 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

1738 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411 US

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

Name and Address of Current Registered Agent:

SINGER, MICHAEL S
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410 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/MANAGERS:

Title: MGRM () Delete
Name: SCHWEITZER, MEREDITH
Address: 13005 STATE ROAD 80, SUITE 111
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHWEITZER, MEREDITH
Address: 1738 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Change (X) Addition
Name: SCHWEITZER, JASON
Address: 1738 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MEREDITH SCHWEITZER

MGRM

01/06/2006

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