

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076273

Entity Name: NGIG, LLC

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 55031  
ST. PETERSBURG, FL 33732

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 55031  
ST. PETERSBURG, FL 33732

**New Mailing Address:**

FEI Number: 30-0328263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARCLEY, ROBERT D  
3839 4TH STREET NORTH  
SUITE 570  
ST. PETERSBURG, FL 33703 US

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

BONETTI, STEPHANIE  
1301 88TH AVENUE NORTH  
ST. PETERSBURG, FL 33702 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: STEPHANIE BONETTI

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BONETTI, STEPHANIE  
Address: P.O. BOX 55031  
City-St-Zip: ST. PETERSBURT, FL 33732

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BONETTI, STEPHANIE  
Address: P.O. BOX 55031  
City-St-Zip: ST. PETERSBURG, FL 33732

Title: MGRM ( ) Change (X) Addition  
Name: BONETTI, JOSEPH R  
Address: P.O. BOX 55031  
City-St-Zip: ST. PETERSBURG, FL 33732

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: STEPHANIE BONETTI

MGRM

04/11/2006

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