

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L05000105519**

1. Entity Name  
GALIGANI LAW FIRM, LLC



**FILED  
Apr 10, 2006 8:00 am  
Secretary of State**

04-10-2006 90036 021 \*\*\*\*50.00

Principal Place of Business  
11 WEST UNIVERSITY AVE., SUITE 62  
GAINESVILLE, FL 32601

Mailing Address

P.O. BOX 517  
GAINESVILLE, FL 32602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3722468

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALIGANI, DEAN  
11 WEST UNIVERSITY AVENUE, SUITE 62  
GAINESVILLE, FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renotating)

DATE

Filing Fee Is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALIGANI, DEAN P.O. BOX 517 GAINESVILLE, FL 32602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, KEVIN P.O. Box 517 11 W. University Ave, Suite 62 Gainesville, FL 32602 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-7-06 352-375-0812