

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013987

Entity Name: LGI CABIN, LLC

FILED
Apr 21, 2011
Secretary of State

Current Principal Place of Business:

500 N WILLOW AVE STE 101
TAMPA, FL 33606 US

New Principal Place of Business:

500 N WILLOW AVE STE 101
SUITE 101
TAMPA, FL 33606 US

Current Mailing Address:

500 N WILLOW AVE STE 101
TAMPA, FL 33606 US

New Mailing Address:

500 N WILLOW AVE STE 101
SUITE 101
TAMPA, FL 33606 US

FEI Number: 20-8398138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, CAROLYN V
500 N WILLOW AVE STE 101
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

WILKINSON, CAROLYN V MANAGER
500 N WILLOW AVE STE 101
SUITE 101
TAMPA, FL 33606 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: CAROLYN WILKINSON

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WILKINSON, CAROLYN V MANAGER
Address: 500 N. WILLOW AVENUE, SUITE 101
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM
Name: SIEFKER, GREG MEMBER
Address: 7480 LADSON TERRACE
City-St-Zip: LAKE WORTH, FL 33606

Title: MGRM
Name: SIEFKER, LINDA MEMBER
Address: 7480 LADSON TERRACE
City-St-Zip: LAKEWORTH, FL 33606

Title: MGR
Name: WILKINSON, CAROLYN MANAGER
Address: 500 N WILLOW AVE, #101
City-St-Zip: TAMPA, FL 33606

I hereby 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: CAROLYN WILKINSON

PRES

04/21/2011

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