

# 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