

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001847

Entity Name: L.W. LIGAND, LLC

FILED  
Feb 19, 2004  
Secretary of State

**Current Principal Place of Business:**

8600 SW 139 TERRACE  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

8600 SW 139 TERRACE  
MIAMI, FL 33158

**New Mailing Address:**

FEI Number: 47-0887047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABBOTT, EDWARD S  
8600 SW 139 TERRACE  
MIAMI, FL 33158

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ABBOTT, EDWARD S  
Address: 8600 SW 139 TERRACE  
City-St-Zip: MIAMI, FL 33158

Title: MGR ( ) Delete  
Name: AHLFORS, CHARLES  
Address: 9823 S.W. 145TH PLACE  
City-St-Zip: VASHON, WA 98070

Title: MGR ( ) Delete  
Name: JOHNN, BRYAN  
Address: 651 CANYON ROAD  
City-St-Zip: NOVATO, CA 94947

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD S. ABBOTT

MR.

02/19/2004

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