2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# M02000001847

Entity Name: L.W. LIGAND, LLC

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 US

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	Title:		( ) Change ( ) Addition
Name:	ABBOTT, EDWARD S	Name:		
Address:	8600 SW 139 TERRACE	Address:		
City-St-Zip:	MIAMI, FL 33158	City-St-Zip:		
Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	AHLFORS, CHARLES	Name:		
Address:	9823 S.W. 145TH PLACE	Address:		
City-St-Zip:	VASHON, WA 98070	City-St-Zip:		
Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	JOHNK, BRYAN	Name:		
Address:	651 CANYON ROAD	Address:		
City-St-Zip:	NOVATO, CA 94947	City-St-Zip:		

ADDITIONS/CHANGES: (right-hand columns above)

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 MGR 02/03/2005

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