

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001847

Entity Name: L.W. LIGAND, LLC

FILED
Aug 20, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR (X) 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 exemption stated in Chapter 119, 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

08/20/2007

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