

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001708**

1. Entity Name  
**SIDUGAL LLC**



Principal Place of Business  
**3399 PGA BOULEVARD, #240  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**3399 PGA BOULEVARD, #240  
PALM BEACH GARDENS, FL 33410**



01162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0993336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PIERRE, THOMAS A  
3399 PGA BOULEVARD, #240  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000145617  
05/03/04-80033-013 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SINA, MALCOLM  
3399 PGA BOULEVARD #240  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
ALP-LAURICH PARTNERSHIP, LTD  
512 E WASHINGTON ST., SUITE 200  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
GALGANO, JAMES V  
3399 PGA BOULEVARD #240  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
LB DASCO, INC.  
339 PARK AVE  
NEW YORK, NY**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_