

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 030 ****50.00

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03152005 Chg-LLC CR2E083 (10/03)

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	
2. Principal Place of Business 11360 Jog Road Suite, Apt. #, etc. Suite 200		3. Mailing Address 11360 Jog Road Suite, Apt. #, etc. Suite 200	
City & State Palm Beach Gardens, Florida		City & State Palm Beach Gardens, Florida	
Zip 33418		Zip 33418	
Country USA		Country USA	
4. FEI Number 65-0993336		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINA, MALCOLM 3399 PGA BOULEVARD #240 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALP-LAURICH PARTNERSHIP, LTD 512 E WASHINGTON ST., SUITE 200 ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALGANO, JAMES V 3399 PGA BOULEVARD #240 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LB DASCO, INC. 339 PARK AVE NEW YORK, NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sina, Malcolm S, Managing member, 3/15/05, 561-691-9900</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____			