

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90037 004 ****50.00

DOCUMENT # L03000032587 1. Entity Name GADDIS FAMILY LLC					
Principal Place of Business 221 W OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311				Mailing Address 221 W OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 950 Suite, Apt. #, etc.		 04042006 Chg-LLC CR2E083 (11/05)	
City & State		City & State Fort Lauderdale, FL			
Zip 33302-0950		Zip 33302-0950			
Country		Country			
4. FEI Number 54-2125399				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GADDIS, JESSE P 221 W OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADDIS, JESSE P 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  JESSE P. GADDIS 4/10/06 (954) 565-8900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					