2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

03-12-2008 90239 046 ***138.75
L07000061878
FILED

2008 MAR 12 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000061878

1. Entity Name

GIGI GARDENS, LLC

Principal Place of Business

8260 SW 24TH STREET, APT 6206
N. LAUDERDALE FL 33068

Mailing Address

C/O ANDREW P DANIELS, CPA
1160 E JERICHO TURNPIKE #201
HUNTINGTON NY 11743

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, ROY
8260 SW 24TH STREET, APT 6206
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name ROY KAUFMAN

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	☐ Delete
NAME	KAUFMAN, ROY	
STREET ADDRESS	8260 SW 24TH STREET, APT 6206	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	MGRM	☐ Delete
NAME	KAUFMAN, GERTRUDE	
STREET ADDRESS	8260 SW 24TH STREET, APT 6206	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

10.	ADDITIONS/CHANGES	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	800145512638	
STREET ADDRESS	03/12/08--90239--046 **138.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] ROY KAUFMAN 3/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #