

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003847
 1. Entity Name
 GADAL INTERNATIONAL L.C.



Principal Place of Business 14155 U.S. HIGHWAY ONE, SUITE 210 LOGGERHEAD PLAZA JUNO BEACH, FL 33408-1499	Mailing Address 14155 U.S. HIGHWAY ONE, SUITE 210 LOGGERHEAD PLAZA JUNO BEACH, FL 33408-1499
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01232004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2020342	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
 NOWICKI, MARK J
 14155 U.S. HIGHWAY ONE, SUITE 210
 LOGGERHEAD PLAZA
 JUNO BEACH, FL 33408-1499

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

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

U00000116300
 04/16/04-90059-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOEPFER, HOWARD 14155 U.S. HIGHWAY ONE, SUITE 210 JUNO BEACH, FL 334081499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENCE, JOHN A 6027 HIGH STAR HOUSTON, TX 77081
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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: John A. Lence Date: 4/13/04 Daytime Phone #: (406) 892-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE