


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 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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04262005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2020342	Applied For <input type="checkbox"/> 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

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 _____ 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, 2005

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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 05/04/05-60038-011 50.00

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 by Janet Phares, POA **JOHN A LENCE by JANET PHARES, POA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 4-27-05 Daytime Phone # (407) 892-1744