2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000011888

1. Entity Name
GAETA LLC #1

Principal Place of Business	Mailing Address
3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403

DO NOT WRITE IN THIS SPACE

02102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1048981	Not Applicable

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

6. Name and Address of Current Registered Agent

GAETA, NEIL J
3555 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33403

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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_____

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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GAETA, NEIL J
STREET ADDRESS	3555 NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	MGRM
NAME	GAETA, LOUIS A JR.
STREET ADDRESS	3555 NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000305807
04/14/05-80099-019 50.00

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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: _____   MANAGING MEMBER   3/21/05   561-629-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #