2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000015384

1. Entity Name GIDIAN, LLC

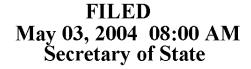


Principal Place of Business

8 7, S.W. 203RD ST. MIALLI, FL 33189 Mailing Address

P.O. BOX 2223 MIAMI, FL 33197

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04302004 No Chg-LLC

CR2E083 (10/03)

4,	FEI Nui	mbe	er 			-	Applied For	
	65-1	06	7146					Not Applicable
_						 \$5.0	ก	Additional

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BAZAN, MARLENE 8141 SW 203 ST. MIAMI, FL 33189

SIGNATURE:

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	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE_	Signature, typed or printed name of registered agent and litle if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE				
Fi	ling Fee is \$50.00 ue by May 1, 2004						
9.	MANAGING MEMBERS/MANAGERS		U00000153331				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZAN, SCHILLER A JR. 8141 S.W. 203RD ST. MIAMI, FL 33189		U00000153331 05/04/04-80122-019 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZAN, NICOLE M 8141 S.W. 203RD ST. MIAMI, FL 33189						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZAN, MARLENE M 8141 S.W. 203RD ST. MIAMI, FL 33189	DO	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADORESS CITY-ST-ZIP							

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 final 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 of true seem of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the limited liability company or the receiver of true seems of the liability company or the receiver of true seems of the liability company or the receiver of true seems of the liability company or the receiver of true seems of true seems of the liability company or the receiver of true seems of true seem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE