


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000015384 1. Entity Name GIDIAN, LLC |  |
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|---|---|
| Principal Place of Business 8141 S.W. 203RD ST. MIAMI, FL 33189 | Mailing Address P.O. BOX 2223 MIAMI, FL 33197 |
|---|---|



04302004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-1067146 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BAZAN, MARLENE 8141 SW 203 ST. MIAMI, FL 33189 |
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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 _____
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, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BAZAN, SCHILLER A JR. 8141 S.W. 203RD ST. MIAMI, FL 33189 |
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000153331
05/04/04-80122-019 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)(f), 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 of the company empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Schiller A. Buzan 4/30/04 785-234-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #