

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003919

1. Entity Name  
S.H. GABRILOVE, LLC



Principal Place of Business  
2431 N.E. 32ND CT.  
LIGHTHOUSE POINT, FL 33064

Mailing Address  
2431 N.E. 32ND CT.  
LIGHTHOUSE POINT, FL 33064

APPROVED  
AND  
FILED

06 JAN 31 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1086687

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GABRILOVE, STEPHEN H  
2431 N.E. 32ND CT.  
LIGHTHOUSE POINT, FL 33064

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GABRILOVE, STEPHEN H  
2431 NE 32 COURT  
LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700065848937  
02/14/06--01049--021 \*\*205.00

**DO NOT WRITE  
IN THIS SPACE**

K. Eckel FEB 02 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Stephen H. Gabrilove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/06 (954) 709-8101

Date

Daytime Phone #