
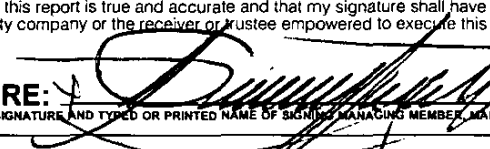


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 050 ****50.00

DOCUMENT # L01000010024 1. Entity Name GEDESCO L.L.C.					
Principal Place of Business 1960-12 NORTH COMMERCE PKWY WESTON, FL 33326			Mailing Address 1960-12 NORTH COMMERCE PKWY WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 2036 Quail Roost Dr.		3. Mailing Address 1792 Bell Tower Ln			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Weston Florida		City & State Weston FL		01252007 Chg-LLC CR2E083 (12/06)	
Zip 33327		Country USA		4. FEI Number 60-1159383	
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AYUBL, GERMAN E 2036 QUAIL ROOST DRIVE WESTON, FL 33327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYUBI, GERMAN E 2036 QUAIL ROOST DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  GERMAN AYUBI 2/1/07 954-446-6871					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					