


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90207 005 ****50.00

DOCUMENT # L02000000090 1. Entity Name BYGABRIELLA LLC			
Principal Place of Business 146 VIA LARGO SANTA ROSA BEACH, FL 32459		Mailing Address 146 VIA LARGO SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 224 Garden Crel Suite, Apt. #, etc.		3. Mailing Address 14 W. 88th Suite, Apt. #, etc. #18	
City & State Santa Rosa FL		City & State NY NY	
Zip 32459		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSEMAN, GABRIELLA 146 VIA LARGO SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Gabriella Huseman Street Address (P.O. Box Number is Not Acceptable) 224 CASSINE Garden Crel. City Santa Rosa Bch FL Zip Code 32459	
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 Gabriella A. Huseman <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1-18-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME HUSEMAN, GABRIELLA STREET ADDRESS 146 VIA LARGO CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	TITLE X NAME SAME STREET ADDRESS 224 Cassine Garden Crel. CITY-ST-ZIP Santa Rosa Bch FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	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 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 Gabriella A. Huseman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 1-18-04 (212) 875-8615 <small>Daytime Phone #</small>	