

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000373

1. Entity Name
GEI ENTERPRISES, L.L.C.



Principal Place of Business
**7761 NW 146TH STREET
MIAMI LAKES, FL 33016**

Mailing Address
**7761 NW 146TH STREET
MIAMI LAKES, FL 33016**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0565546

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PANTALEON, INDHIRA R
4505 SW 152 AVE.
MIRAMAR, FL 33027**

**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	MGRM
NAME	PANTALEON, INDHIRA
STREET ADDRESS	4505 SW 152 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	PANTALEON, LOURDES M
STREET ADDRESS	4505 SW 152 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	FERRERAS, SONIA
STREET ADDRESS	4505 SW 152 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Indhira R Pantaleon

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

Date

Daytime Phone #

1/18/06 (305) 698-133