, 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012235

GB AND A, LLC



Principal Place of Business

410 S.W. 128TH AVE. MIAMI, FL 33184

Mailing Address

410 S.W. 128TH AVE. MIAMI, FL 33184

FILED May 17, 2006 08:00 Al Secretary of State



04262006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number		Applied For
04-3716267		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional squired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COSTA, GABRIEL A 410 S.W. 128TH AVE. MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE	
	однала е, турса от ринцеа патър от гедиар ва вдени виси вие и друждале,	(NOTE, negistered Agent signators required when remistating)	- OAIE	
F	iling Fee is \$50.00 lue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	COSTA, GABRIEL A			
STREET ADDRESS	410 S.W. 128TH AVE.			
CITY-ST-ZIP	MIAMI, FL 33184		. U00000565170 05/20/06~80115-010 50.00	
TITLE			05/20/06-80115-010 50.00	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TIFLE				
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DO NOT WRITE IN THIS SPACE

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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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