2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000033964

1. Entity Name
IN THE GAP INTERNATIONAL, L.L.C.



Principal Place of Business

C/O ANDREW K. JEPSON 674 TUSCORA DRIVE WINTER SPRINGS, FL 32708 Mailing Address

C/O ANDREW K. JEPSON 674 TUSCORA DRIVE WINTER SPRINGS, FL 32708

FILED Mar 23, 2006 8:00 am Secretary of State

03-23-2006 90264 047 ****55.00



02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

- 6.- Name and Address of Current Registered Agent - -

JEPSON, ANDREW K 674 TUSCORA DRIVES WINTER SPRINGS, FL 32708

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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 little if epplicable. (NOTE: Registered Agent signature required when reinstatung) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9.	*: MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEPSON, ANDREW K 674 TUSCORA DRIVE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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.

SNATURE: Andrew K. Jepson Andrew K. Jepson 3/01/06 927-110/
BIGNATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DOIG DESCRIPTION &