Apr 01 05 04:26p Tudor Villas 4

FILED
May 23, 2005 8:00 am
Secretary of State
04-28-2005 90032 004 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021992

1. Entity Name
GABRIEL IMPORTS L.L.C.

30007040

Principal Place of Business	Mailing Address
3523 S.E. 22ND PLACE CAPE CORAL, FL 33904	~~3523~~ S.E. 22ND PLACE CAPE CORAL, FL 33904

3522 is Correct for Mailing

2. Principal Place of Business		3. Mailing Address	
		3522 SE 22nd Pl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Coral Fl	
Zip	Country	Zip 33904-4484	Country USA

04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3120130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER-CHRISTIANS, MICHAEL
C/O SUNBELT REALTY
725 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

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 ________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL, STEPHAN 3523 SE 22ND PLACE CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted] MGRM	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anke Gabriel 3523 SE 22nd PL. Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: (X) Stefan Gabriel (X) 4/26/05 (X) (239) 945-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #