## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 06, 2006 8:00 am Secretary of State 01-26-2006 90069 012 \*\*\*\*50.00

Signature   Sign	DOCUMENT # L03000028963  1. Entity Name G.B. ENTERPRISES LLC						01-26-200	6 90069 012 **	***50.00
Suite, Apt. #, etc.   Suite, Apt. #, etc.   01242005   Chg-LLC   CR2E083 (11/05)	1941 N DIXII Unit 7	E HIGHWAY	1941 N DIXIE HIGHWA	Y, ÛNIT 33 <b>0</b> 60	7	T L History	) <b>12/12 (</b> /// 18/10 <b>18/10 18/10 18/10</b>	 11 63 63 140 67 1680 1880 8110	<b>1</b> Filogo da 1 <b>72</b> 1
City & State  Country  City & Status Desired  Status Desired  \$5.00 Additions  \$5.00 Additions  \$5.00 Additions  ALEXANDRE, DIXON  250 Country  State Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Stines Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stines Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stines Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stines Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity authritis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar with, and a new control or registered agent, or both, in the State of Florida. I am familiar w	2. Principal Place of Business 3. Mailing Address				F-11				
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additions Fee Required   \$5.00 Additions Fee Required   \$6.00 Additions of Status Desired   \$5.00 Additions Fee Required   \$6.00 Additions   \$6.00 Additi	Suite, Apt.	#, etc.	Suite, Apt. #. etc.			01242006	Chg-LLC	CR2E083 (11/0	5)
S. Certificate of Status Desired   Personal Agent   Perso	City & Stat	9	City & State			I .			Applied For Not Applicable
ALEXANDRE, DIXON 2800 W OAKLAND PARK, FL 33311    City   FL   Zip Code	Zip	Country	Zip Coun		stry	5. Certificate of Status Desired \$5.00 Additional			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a fee deligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PILITING File is \$50,000  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Filing File is \$50,000  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  CITY-SI-JP  FOMPANO BEACH, FL 33082  CITY-SI-JP  TITLE  NAME  SIRET ADDRESS  CITY-SI-JP  TITLE  TITL	6. Name and Address of Gurrent Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
ACKLAND PARK, FL 33311  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Superul, inpact or britted name or inplumed agent and title? equicable. (NOTE Augusted Agent signalus required when relationary)    Power	2800 W O/		-		Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and e the doligations of registered agent.  SIGNATURE  STRETAGES  Filling Fee is \$50.00  Due by May 1, 2008  THE  MARK Check payable to Florida Department of State  BOSSE, GASTON  SIRETAGES  CITY-S1-2P  POMPANO BEACH, FL 33082  THE  NAME  SIRETAGES  SIRE		PARK, FL 33311						···	
The obligations of registered agent.  SIGNATURE  STRIP Foe is \$50.00  Due by May 1, 2008  TILE MGR BOSSE, GASTON SIRET ADDRESS CITY-ST-2P  TILE MARE SIRET ADDRESS CITY-ST-2P	ļ	<b>.</b>			City			FL Zip C	ode
Filing Fee Is \$50,00   Make check payable to Florida Department of State    9.	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar wi	h, and accept
Poub by May 1, 2008    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatura required	d when reinstating)		DATE	
TITLE , NAME BOSSE, GASTON STRET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE , NAME STRET ADDRESS CITY-ST-ZIP TITLE , NAME STRET	Fi		•						
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\$1821 AD08525	STREET ADDRESS			STRE	ET ADDRESS				
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 flability company or the receiver or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:	indicated limited lia	on this report is true and accurate and to bility company or the receiver optrustee	that my signature shall have empowered to execute this	the same	legal effect as il m	rade under oath	; that I am a managi	nther certify that the in ing member or mana	formation ger of the

