


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # L03000037120 1. Entity Name GIBRALTA, LLC	
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Principal Place of Business 415 S. FEDERAL HWY DANIA BEACH, FL 33004	Mailing Address 415 S. FEDERAL HWY DANIA BEACH, FL 33004
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1083292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHAMPAGNE, NICOLE 415 S. FEDERAL HWY DANIA BEACH, FL 33004

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MURRAY M 415 S. FEDERAL HWY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARR, NORMAN 415 S. FEDERAL HWY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMPAGNE, NICOLE 415 S. FEDERAL HWY DANIA BEACH, FL 33004
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<p>000000627448 02/15/07-80062-016 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Nicole Champagne Nicole Champagne 02-01-07 954 920-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #