


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000195 1. Entity Name GAMCO PROPERTIES, LLC	
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Principal Place of Business 19341 N.W. 8 STREET PEMBROKE PINES, FL 33029 US	Mailing Address 19341 N.W. 8 STREET PEMBROKE PINES, FL 33029 US
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DO NOT WRITE IN THIS SPACE



04092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1212084	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

**CALDWELL, SARAH L
19341 N.W. 8 STREET
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

6. 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 terminating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000542437
05/10/06-80095-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALDWELL, JOHN D 1595 S.W. 191 AVENUE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, SARAH L 19341 N.W. 8 STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, ROXANA 1595 S.W. 191 AVENUE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, J D 19341 N.W. 8 STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE: *Sarah L Caldwell*

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

Date

Daytime Phone #

04-25-06