

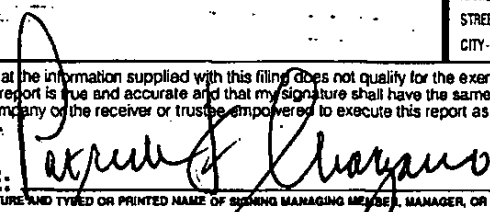
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-14-2005 90596 027 *****50.00

L04000022410

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000022410			
1. Entity Name GABMAR MANAGEMENT, L.L.C.			
Principal Place of Business 1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442		Mailing Address 1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069		3. Mailing Address WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	
Suite, Apt. # 1660 NW 19th Ave.		Suite, Apt. # 1660 NW 19th Ave.	
City & State Pompano Beach, FL 33069		City & State Pompano Beach, FL 33069	
Zip 33069	Country FL	Zip 33069	Country FL
4. FEI Number 20-0622687		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MARANZO, PATRICK F 1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	
		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. WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARANZO, PATRICK F 1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442 ☐ 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
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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: 		Date: 3.10.05 954 543 9802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	