03-14-2005 90596 027 ****50.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -8 AM 11:03

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022410

1. Entity Name
GABMAR MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442	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 3306[illegible]
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069
Suite, Apt. #
City & State
Zip / Country

02232005 Chg-LLC CR2E083 (10/03)

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	7. Name and Address of New Registered Agent
MARANZO, PATRICK F 1191 E. NEWPORT CENTER DRIVE, STE. 103 DEERFIELD BEACH, FL 33442	Name: WE'VE MOVED Street Address (P.O. Box Number is Not Acceptable): 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. ADDITIONS/CHANGES		
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	WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	☐ 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: Patrick F Maranzo 3.10.05 954 543 9802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #