


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90033 019 ****50.00

DOCUMENT # L04000026674	
1. Entity Name GARI ENTERPRISES, LLC	

Principal Place of Business 4703 NORTH ARMENIA AVENUE TAMPA, FL 33603	Mailing Address 4703 NORTH ARMENIA AVENUE TAMPA, FL 33603
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2. Principal Place of Business 4726 N. Habana Ave Suite, Apt. #, etc. Suite 104 City & State Tampa FL Zip 33614 Country US	3. Mailing Address 4726 N. Habana Ave Suite, Apt. #, etc. Suite 104 City & State Tampa FL Zip 33614 Country US
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04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0998015	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 WALKER, GARY 100 S. ASHLEY DRIVE STE. 1500 TAMPA, FL 33602-N	7. Name and Address of New Registered Agent Name American Information Services, Inc Street Address (P.O. Box Number is Not Acceptable) 401 E JACKSON ST. Suite 1700 City Tampa FL Zip Code 33602
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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 Joseph Rugg (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DOYLE, MICHAEL T 3812 CORONA STREET TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Rodolfo Gari 4726 N. Habana Ave Suite 204 Tampa, FL. 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Lowe 4726 N. Habana Ave Suite 204 Tampa, FL. 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Lowe DATE 4/25/06 DAYTIME PHONE # 813 569-6500

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