


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 009 \*\*\*\*50.00

<b>DOCUMENT # L04000026674</b>					
<b>1. Entity Name</b> GARI ENTERPRISES, LLC					
<b>Principal Place of Business</b> 4726 NORTH HABANA AVE SUITE 104 TAMPA, FL 33614			<b>Mailing Address</b> 4726 NORTH HABANA AVE SUITE 104 TAMPA, FL 33614		
<b>2. Principal Place of Business - No P.O. Box #</b> 5501 W. Gray St.		<b>3. Mailing Address</b> 5501 W. Gray St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa FL		<b>City &amp; State</b> Tampa FL		<b>4. FEI Number</b> 20-0998015	
<b>Zip</b> 33609		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON ST SUITE 1700 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u>Joe Rugg</u> DATE <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C DOYLE, MICHAEL T 3812 CORONA STREET TAMPA, FL 33629	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	5501 W. Gray St. Tampa FL 33609
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO GARI, RODOLFO 4726 NORTH HABANA AVE SUITE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5501 W. Gray St. Tampa FL 33609
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CFO LOWE, SCOTT 4726 NORTH HABANA AVE SUITE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5501 W. Gray St. Tampa FL 33609
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Scott Lowe</u> DATE <u>4/17/07</u> DAYTIME PHONE # <u>813569-6500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					