

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90068 001 \*\*\*150.00

**DOCUMENT # L04000033775**

1. Entity Name  
**GILOU & KIKA INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**43 S. ATLANTIC AVENUE**      **43 S. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32118**      **DAYTONA BEACH, FL 32118**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07072005    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For

Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**MYARA, GILBERT**  
**43 S. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32118**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYARA, GILBERT 43 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *x M. Gilbert*      *x 7/15/05*      *386-239-8334*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #