


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000042247**  
 1. Entity Name  
 GIZMO REALTY HOLDINGS 1, LLC



Principal Place of Business 9320 SW 61 COURT PINECREST, FL 33156 US	Mailing Address 9320 SW 61 COURT PINECREST, FL 33156 US
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0724064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHIMMEL, LAWRENCE MD  
 9320 SW 61 COURT  
 PINECREST, FL 33156

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00 Due by May 1, 2007**

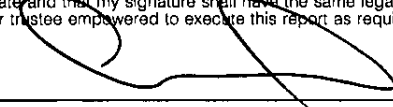
UD00000723552  
 05/02/07-80074-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIMMEL, LAWRENCE MD 9320 SW 61 COURT PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIMMEL, MICHAEL 110 NORTH FEDERAL HIGHWAY APT. 1411 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/18/07** **305 663 0504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #