

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90042 017 \*\*\*\*55.00



DOCUMENT # L04000045221	
1. Entity Name <b>GELE, LLC</b>	
Principal Place of Business <b>8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH FL 34957-2153</b>	Mailing Address <b>8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH FL 34957-2153</b>



2. Principal Place of Business <b>8650 So. OCEAN DRIVE</b> Suite, Apt. #, etc. <b>906</b>	3. Mailing Address <b>8650 So. OCEAN DRIVE</b> Suite, Apt. #, etc. <b>906</b>
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1st MOORE CR2E083 (10/04)

City & State <b>JENSEN BEACH, FL.</b>	City & State <b>JENSEN BEACH, FL.</b>	4. FEI Number <b>57-1209527</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34957</b>	Country <b>U.S.A</b>	Zip <b>34957</b>	Country <b>U.S.A</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GOODMAN, HERMAN 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH FL 34957-2153</b>	7. Name and Address of New Registered Agent Name <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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. **NO CHANGE**

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR GOODMAN, HERMAN 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH FL 34957-2153</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR GOODMAN, ROSEMARIE 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH FL 34957-2153</b> <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
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

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: **HERMAN GOODMAN** **ROSEMARIE GOODMAN**  
*Herman Goodman RoseMarie Goodman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date **7-19-05** Daytime Phone # **877-339-8174**