


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90179 025 \*\*\*\*50.00

LA 1212 1 L

<b>DOCUMENT # L04000045221</b> 1. Entity Name <b>GELE, LLC</b>	
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Principal Place of Business <b>8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 34957</b>	Mailing Address <b>8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 34957</b>
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**60035376**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>57-1209527</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GOODMAN, HERMAN</b> <b>8650 SOUTH OCEAN DRIVE, #906</b> <b>JENSEN BEACH, FL 34957-2153</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MGR	GOODMAN, HERMAN	<input type="checkbox"/>				<input type="checkbox"/>	
	8650 SOUTH OCEAN DRIVE, #906						
	JENSEN BEACH, FL 349572153						
MGR	GOODMAN, ROSEMARIE	<input type="checkbox"/>				<input type="checkbox"/>	
	8650 SOUTH OCEAN DRIVE, #906						
	JENSEN BEACH, FL 349572153						
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	

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: Herman Goodman - HERMAN GOODMAN - 4.9.07 772-229-817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #