2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066019

1. Entity Name GISELA REGINA, LLC



FILED Feb 22, 2008 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

720 WATERFORD DRIVE, CONDO 403 NAPLES, FL 34113 Mailing Address

28 TIBBITS LANE SANDS POINT, NY 11050



DO NOT WRITE IN THIS SPACE

02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1656517 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, BARRY W 720 WATERFORD DRIVE, CONDO 403 NAPLES, FL 34113

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 remetating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGRM ERTEL, GISELA R 28 TIBBITS LANE	
CITY-ST-ZIP	SANDS POINT, NY 11050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERTEL, RICHARD S 28 TIBBITS LANE SANDS POINT, NY 11050	U00000834860 02/29/08-80009-021 138.75
TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
11. Thereby certify that the information supplied with this filling 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 trusted empowered accurate this report as required by Chapter 608, Florida Statutes.		

RKHARD S. ERTEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

マーは-08

Date

516-883-W3/

Daytime Phone #