


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90014 007 ****50.00

DOCUMENT # L04000066244

1. Entity Name
DEBBIE & GISELA, LLC



Principal Place of Business
**720 WATERFORD DRIVE, CONDO 403
 NAPLES, FL 34113**

Mailing Address
**28 TIBBITS LANE
 SANDS POINT, NY 11050**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1656519

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**

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 May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	O'CONNELL, BARRY W	
STREET ADDRESS	740 HIGBURY LANE	
CITY-ST-ZIP	GENEVA, IL 60134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	O'CONNELL, DEBORAH M	
STREET ADDRESS	740 HIGBURY LANE	
CITY-ST-ZIP	GENEVA, IL 60134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ERTEL, GISELA R	
STREET ADDRESS	28 TIBBITS LANE	
CITY-ST-ZIP	SANDS POINT, NY 11050	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ERTEL, RICHARD S	
STREET ADDRESS	28 TIBBITS LANE	
CITY-ST-ZIP	SANDS POINT, NY 11050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard Ertel* **Richard Ertel, Managing Member** **4-10-05** **718-248-7455**

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