## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Feb 02, 2007 8:00 am Secretary of State 02-02-2007 90034 008 \*\*\*\*50.00

516-883-1236

1-28-07 Date

1. Entity Name	MENT # L04000066 GISELA, LLC	5244				02-02-2007	90034 008 ****	
Principal Place of Business 720 WATERFORD DRIVE, CONDO 403 NAPLES, FL 34113		Mailing Address 28 TIBBITS LANE SANDS POINT, NY 11050			· • •			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282007	Chg-LLC	CR2E083 (12/06	)	
City & State		City & State		4. FEI Number			pplied For	
Zip Country		Zip Country		84-1656519   Not Applicable  5. Certificate of Status Desired   \$5.00 Additional				
	6. Name and Address of Current	Peoletered Acent	<del>- 1</del>		7 Name and /	Address of New Re	Fee Requi	<del></del>
<del>.</del>	o. Name and Address of Current	vaRistaian wägur		Name	r. maine and A	JULIES OF NEW 10	Aleraian Whaur	
O'CONNELL, BARRY W 720 WATERFORD DRIVE, CONDO 403 NAPLES, FL 34113				(P.O. Box Number is Not Acceptable)				
TOTAL ELO, F	( .		-	Ch.			7:000	
			-	City			FL Zip Co	a <del>e</del>
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	d office or registe	ed agent, or both	, in the State of Flor	ida. I am familiar witi	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent signature require	i when reinstating)		DATE	
					į.			
Fi Di	iling Fee is \$50.00 ue by May 1, 2007						check payable to Department of St	
Di	ue by May 1, 2007	ERS/MANAGERS	10.			Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM & O'CONNELL, BARRY W 740 HIGHBURY LANE	ERS/MANAGERS			4 Kirkwa	ADDITIONS/O	Department of Sta	nte
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