


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 008 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country



01282007 Chg-LLC CR2E083 (12/06)

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 reappointing)

**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	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNELL, BARRY W			NAME			
STREET ADDRESS	740 Highbury Lane			STREET ADDRESS	1504 Kirkwood Dr.		
CITY-ST-ZIP	GENEVA, IL 60134			CITY-ST-ZIP	GENEVA, IL 60134		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNELL, DEBORAH M			NAME			
STREET ADDRESS	740 Highbury Lane			STREET ADDRESS	1504 Kirkwood Dr.		
CITY-ST-ZIP	GENEVA, IL 60134			CITY-ST-ZIP	GENEVA, IL 60134		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERTEL, GISELA R			NAME			
STREET ADDRESS	28 Tibbits Lane			STREET ADDRESS			
CITY-ST-ZIP	SANDS POINT, NY 11050			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERTEL, RICHARD S			NAME			
STREET ADDRESS	28 Tibbits Lane			STREET ADDRESS			
CITY-ST-ZIP	SANDS POINT, NY 11050			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Richard S Ertel **1-28-07** **516-883-1236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #