

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90132 035 ****50.00

DOCUMENT # L04000066558

1. Entity Name

GIBBY VENTURES, LLC



Principal Place of Business

1347 CLARET COURT
FORT MYERS FL 33919

Mailing Address

1347 CLARET COURT
FORT MYERS FL 33919

2. Principal Place of Business

5616 SOLERA CT

Suite, Apt. #, etc.

FORT MYERS FL

City & State

33919 USA

Zip

Country

3. Mailing Address

5616 SOLERA CT

Suite, Apt. #, etc.

FORT MYERS FL

City & State

33919 USA

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1871206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SEAN M
2320 FIRST STREET, SUITE 1000
FORT MYERS FL 33901-2904

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

a. d'Altri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME D'ALTRUI, MATT
STREET ADDRESS 1347 CLARET COURT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE MGRM ☐ Delete
NAME D'ALTRUI, AMY
STREET ADDRESS 1347 CLARET COURT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5616 SOLERA COURT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5616 SOLERA COURT
CITY-ST-ZIP FORT MYERS FL 33919

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

a. d'Altri

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

Date

Daytime Phone #

2/27/06