2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066558

GIBBY VENTURES, LLC



Principal Place of Business

Mailing Address

5616 SOLERA CT FORT MYERS, FL 33919

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FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90030 036 ****50.00

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04242007 No Chg-LLC

CR2E083 (11/05)

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

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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 reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

	<u>e</u>
9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZMP	FORT MYERS, FL 33919
NAME. STREET ADDRESS CITY-ST-ZIP	MGRM D'ALTRUI, AMY 5616 SOLERA CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY::SI::ZIP	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
14 I hereby certify that the information supplied with this filling does not qualify for the eye	

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

Daytime Phone #