
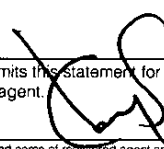
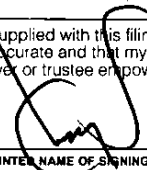


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90208 034 \*\*\*138.75

<b>DOCUMENT # L05000005248</b> 1. Entity Name <b>GABRIELLA ENTERPRISES, L.L.C.</b>																											
Principal Place of Business <b>2808 MANATEE AVENUE WEST BRADENTON, FL 34205</b>		Mailing Address <b>3438 WOOD OWL CIRCLE UNITE 228 BRADENTON, FL 34210</b>																									
2. Principal Place of Business - No P.O. Box # <b>9114 17th Dr. NW</b>		3. Mailing Address <b>9114 17th Dr. NW</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>																									
Zip <b>34209</b>	Country <b>USA</b>	Zip <b>34209</b>	Country <b>USA</b>																								
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>OZARK, DAMIAN M ESQ 2808 MANATEE AVENUE WEST BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>Cristobal E. Corts</b> Street Address (P.O. Box Number is Not Acceptable) <b>9114 17th Dr NW</b>  City <b>Bradenton</b> <b>FL</b> Zip Code <b>34209</b>																									
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>3/3/08</b>																											
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORTES, CRISTOBAL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3438 WOOD OWL CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON, FL 34210</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	CORTES, CRISTOBAL E		STREET ADDRESS	3438 WOOD OWL CIRCLE		CITY-ST-ZIP	BRADENTON, FL 34210		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">9114 17th Dr. NW</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bradenton, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	9114 17th Dr. NW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bradenton, FL		STREET ADDRESS	34209		CITY-ST-ZIP		
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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:  Date <b>3/3/08</b> Daytime Phone # <b>(941) 775-0125</b>																											