


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 032 ****50.00

DOCUMENT # L05000005328

1. Entity Name
GABRIEL COMMERCIAL CONSULTING, L.L.C.



Principal Place of Business Mailing Address

10553 ST. ANDREWS ROAD 10553 ST. ANDREWS ROAD
 BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2186596		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
GABRIEL, JOHN R 10553 ST. ANDREWS ROAD BOYNTON BEACH FL 33436 PLEASE CHANGE ABOVE ADDRESS TO: 56 OLD COUNTRY ROAD SOUTH VILLAGE OF GOLF, FL 33436		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entry 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL, JOHN R 10553 ST. ANDREWS ROAD BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL, JOHN R 56 OLD COUNTRY ROAD SOUTH VILLAGE OF GOLF, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOHN R GABRIEL, MANAGER** **4-24-07** **201-265-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #