


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90354 026 ****50.00

DOCUMENT # L05000018580	
1. Entity Name GIFFORD LIMITED LIABILITY COMPANY	

Principal Place of Business 3 GROVE ISLAND APT 710 FLORIDA, FL 33133	Mailing Address 5820 SW 73 AVE MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 5820 SW 73 AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI - FL	City & State
Zip 33143	Country

	
04172007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-2382483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARRETO, ELIAS 5820 SW 73 AVE MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAHANE, ALLAN 3 GROVE ISLAND - APT 710 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRETO, ELIAS 5820 SW 73 AVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Elias Barreto Date: April 17/2007 Daytime Phone #: 305-588-1436