2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019661

1. Entity Name
GABYANNA, L.L.C.

Principal Place of Business	Mailing Address
2980 SW 161 AVE. MIRAMAR, FL 33027 US	2980 SW 161 AVE. MIRAMAR, FL 33027 US

~0040531

03142006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 20-2402612	Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	$5.00 Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE 105 WESTON, FL 33326	Name: Ana L. Arismendi Street Address (P.O. Box Number is Not Acceptable): 2980 SW 161 Avenue City: Miramar FL Zip Code: 33027

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 _____ DATE 3/14/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete	
NAME	ARISMENDI, ANA L		
STREET ADDRESS	2980 SW 161 AVE.		
CITY-ST-ZIP	MIRAMAR, FL 33027		
TITLE	MGRM	☐ Delete	
NAME	MADRIZ, ANA G		
STREET ADDRESS	2980 SW 161 AVE.		
CITY-ST-ZIP	MIRAMAR, FL 33027		

10. ADDITIONS / CHANGES — ☐ Change ☐ Addition (for each block)

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: _____   3/14/06   954-770-1199

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