

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030149

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** GIMUS ENTERPRISES, LLC

**Current Principal Place of Business:**

1602 W HARMONY LAKE CIR  
DAVIE, FL 33324

**New Principal Place of Business:**

490 SAWGRASS CORPORATE PARKWAY, STE. 330  
SUNRISE, FL 33325

**Current Mailing Address:**

1602 W HARMONY LAKE CIR  
DAVIE, FL 33324

**New Mailing Address:**

490 SAWGRASS CORPORATE PARKWAY, STE. 330  
SUNRISE, FL 33325

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINGER, GARY  
490 SAWGRASS CORPORATE PARKWAY  
SUITE 330  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      SINGER, GARY  
Address:                      490 SAWGRASS CORPORATE PARKWAY, STE. 330  
City-St-Zip:                      SUNRISE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY SINGER

MGRM

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date