2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

	- ANIOAL	IZE: OIZ:						
DOCUMENT # L05000034030 1. Entity Name GIDDYAP, LLC					OG AUG	SEE. FINANCE	•	
Principal Place of Business Mailing Address					TAECRES	. " AM 9: 22		
ONE NORTH BREAKERS ROW, APT. 434 PALM BEACH, FL 33480		ONE NORTH BREAKERS ROW, APT. 434 PALM BEACH, FL 33480			SEE, FJSIAIE	1691 iil Eeri		
2. Principal Place of Business c/o Fisher Brothers		3. Mailing Address c/o Fisher Brothers						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	08012006 Chg-LLC	CR2E083 (11/05)		
299 Park Avenue		299 Park Avenue			4. FEI Number	i la-	plied For	
New York, New York		New York, New York			20-2639683	}	t Applicable	
Zip	Country	Zip	Country	,	E Cartificate of Chance Desired	\$5.00 Ad		
10171	USA	10171	USA		5. Certificate of Status Desired	Fee Require		
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New R	legistered Agent		
CORPORA	TION CEDWICE COMPANY		l	Name				
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525	Street Address (F		P.O. Box Number is Not Acceptable)				
			. }	City		FL Zip Cod	e	
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 .	Signature, typed or printed name of registered agent an	MOTE:	Fanistered A	gent signalure required	when reinstating	DATE		
	Signature, typed of pittings terries in registered agent a	Treatment (1871)	1 NO STATE OF THE	Sent signatura rador so	The second of th	CARLES IN MARCON	an and and	
Filing Fee is \$50.00 Due by September 6, 2006					Florida	e check(payable to LDepartment of State		
9.	MANAGING MEMBER		10.		ADDITIONS,		F7	
NAME MC	Richard L. Fisher	Delete	TITLE NAME			☐ Change	Addition Addition	
STREET ADDRESS	c/o Fisher Brothers,	299 Park Avenu		ADORESS				
CITY-ST-ZIP	New York, New York		an-si	r-zip				
TITLE	100 10119 100	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME		سان فلند المام المدا المام المام	* =		
STREET ADDRESS				ADDRESS	fullyfa	292067		
CITY-ST-ZIP			CITY-ST	r-ZIP				
TITLE		Delete	TITLE			☐ Change	Addition	
NAME			NAME	1000000				
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS				
			TITLE			Character Character	CT tasting	
TITLE NAME		☐ Delete	NAME			Change	Addition	
STREET ADDRESS			4	ADDRESS				
CITY-ST-ZIP			CITY-S1	r-ZiP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS				ADDRES\$				
CITY-ST-ZIP			CITY-ST	'-ZIP				
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NAME			NAME	*DODCCC				
STREET AODRESS City-St-Zip			STREET A	ADDRÉSS -71P				
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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: s/ Richard L. Fisher, Richard L. Fisher, Sole Member August 2, 2006 (212)752-2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Proces

ION SERVICE COMPANY	0)
ACCOUNT NO. : 072100000032	
REFERENCE : 285024 43001	
AUTHORIZATION : Spelle Claro	O6 AI
COST LIMIT : \$ 50.00	ANG -
ORDER DATE : August 2, 2006	AN 9:
ORDER TIME : 3:54 PM	: 32 IATE ORIDA
ORDER NO. : 285024-005	A
CUSTOMER NO: 4300123	
	
ANNUAL REPORT FILING	9 R
NAME: GIDDYAP, LLC	RECEIVED OF AUG-2 PH 4: 17 OF AUG-2 PH 4: 17
XX ANNUAL REPORT	925
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Cynthia Woodyard-EXT#2938	

EXAMINER'S INITIALS: