


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034030					
1. Entity Name GIDDYAP, LLC					
Principal Place of Business ONE NORTH BREAKERS ROW, APT. 434 PALM BEACH, FL 33480			Mailing Address ONE NORTH BREAKERS ROW, APT. 434 PALM BEACH, FL 33480		
2. Principal Place of Business c/o Fisher Brothers Suite, Apt. #, etc. 299 Park Avenue City & State New York, New York Zip 10171		3. Mailing Address c/o Fisher Brothers Suite, Apt. #, etc. 299 Park Avenue City & State New York, New York Zip 10171		08012006 Chg-LLC CR2E083 (11/05)	
Country USA		Country USA		4. FEI Number 20-2639683	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE Sole Member <input type="checkbox"/> Delete NAME Richard L. Fisher STREET ADDRESS c/o Fisher Brothers, 299 Park Avenue CITY-ST-ZIP New York, New York 10171			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 Daytime Phone #					

FILED

06 AUG -2 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

L05000634030

ACCOUNT NO. : 072100000032

REFERENCE : 285024 4300123

AUTHORIZATION :

COST LIMIT : \$ 50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG - 2 AM 9:32

FILED

ORDER DATE : August 2, 2006

ORDER TIME : 3:54 PM

ORDER NO. : 285024-005

CUSTOMER NO: 4300123

BK

ANNUAL REPORT FILING

NAME: GIDDYAP, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG - 2 PM 4:17

RECEIVED

XX ANNUAL REPORT

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: _____