

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000067031

1. Entity Name
GAMOPIN LLC



Principal Place of Business
7 COVE VIEW CT.
COCOA BEACH, FL 32931 US

Mailing Address
7 COVE VIEW CT.
COCOA BEACH, FL 32931 US



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0985391

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAL, JOHN S
7 COVE VIEW CT.
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAL, JOHN S
STREET ADDRESS	7 COVE VIEW CT.
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGRM
NAME	MORGAN, JAMES E
STREET ADDRESS	413 LINCOLN AVE.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	MGRM
NAME	PINDZIAK, CHARLES W
STREET ADDRESS	112 E. CENTRAL BLVD.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000692217
04/13/07-80043-001 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JOHN S. GAL

4/1/07

Date

321-783-4343

Daytime Phone #