

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 16, 2006 8:00 am
Secretary of State**

03-16-2006 90030 021 ****50.00

DOCUMENT # L05000097670		
1. Entity Name GABBIE INVESTMENTS, L.L.C.		

Principal Place of Business 6058 MEURSALT ROAD MILTON, FL 32570		Mailing Address 6058 MEURSALT ROAD MILTON, FL 32570	
2. Principal Place of Business 5739 Tamarack Drive Suite, Apt. #, etc.		3. Mailing Address 5739 Tamarack Drive Suite, Apt. #, etc.	
City & State Pace, Florida		City & State Pace, Florida	
Zip 32571	Country USA	Zip 32571	Country USA
6. Name and Address of Current Registered Agent OBEID, JACK 6058 MEURSALT ROAD MILTON, FL 32570			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5739 Tamarack Drive			
City Pace FL Zip Code 32571			

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.

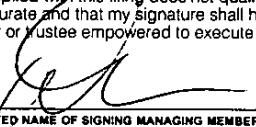
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OBEID, JACK 6058 MEURSALT ROAD MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5739 Tamarack Drive Pace, Florida 32571		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (William V. Linne, Atty) 3-13-06 (850) 433-2224

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

Date

Daytime Phone #

ATTACHMENT
20016960
~~# 60500097670~~

ATTORNEY AND COUNSELLOR AT LAW
127 PALAFOX PLACE
SUITE 100
PENSACOLA, FLORIDA 32502

TEL. (850) 433-2224
FAX (850) 433-3301
E-MAIL: blinne@linnelaw.com
E-MAIL: jel@linnelaw.com

WILLIAM V. LINNE
JAN E. LANGFORD

MAILING ADDRESS:
POST OFFICE BOX 12347
PENSACOLA, FLORIDA 32591-2347

March 10, 2006

**Certified Mail,
Return Receipt Requested**

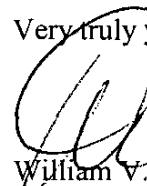
Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: Gabbie Investments, L.L.C.

Dear Ladies and Gentlemen:

Enclosed herewith is the 2006 Limited Liability Company Annual Report for the above-referenced entity, together with our check in the amount of \$50.00 to cover the filing fee.

Let us know if you need anything further.

Very truly yours,

William V. Linne

WVL:maw

Enclosures

cc: Dr. Jack Obeid

clients\obeid\FL DOS annual report.ltr