


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		4. FEI Number 600-27-4077	
Zip 32571		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating)					
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 MGR NAME OBEID, JACK STREET ADDRESS 6058 MEURSALT ROAD CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5739 Tamarack Drive CITY-ST-ZIP 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	
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	
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	
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					

ATTACHMENT
20016860
405000097670
WILLIAM V. LINNE
ATTORNEY AND COUNSELLOR AT LAW
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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

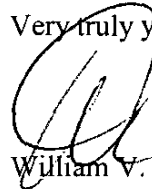
Re: Gabbie Investments, L.L.C.

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

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