

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 26, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000097670

1. Entity Name  
GABBIE INVESTMENTS, L.L.C.



Principal Place of Business  
5739 TAMARACK DRIVE  
PACE, FL 32571 US

Mailing Address  
5739 TAMARACK DRIVE  
PACE, FL 32571 US



02222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
60-0274077

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OBEID, JACK  
5739 TAMARACK DRIVE  
PACE, FL 32571

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000869969

04/09/08-80071-007 138.75

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                             |
|------------------------------------------------|-------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>OBEID, JACK<br>5739 TAMARACK DRIVE<br>PACE, FL 32571 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FARES, GRACE<br>5739 TAMARACK DR<br>PACE, FL 32571   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             |

**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:

(Jack Obeid, Mgr)

3-15-08 850) 995-2519

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

Date

Daytime Phone #