

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104906

Entity Name: GI SHOW, LLC

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

685 LISMORE LANE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

685 LISMORE LANE
NAPLES, FL 34108

New Mailing Address:

FEI Number: 83-0438893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, MARIAN
685 LISMORE LANE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, RAYMOND W
Address: 685 LISMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: PHILLIPS, MARIAN
Address: 685 LISMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Change (X) Addition
Name: LIBERSKI, SUSAN
Address: 405 GERMAIN AVENUE
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Change (X) Addition
Name: HILL, ANDREW
Address: 405 GERMAIN AVENUE
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND W. PHILLIPS

MGR

01/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date