

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104906

1. Entity Name
GI SHOW, LLC



Principal Place of Business
**685 LISMORE LANE
NAPLES, FL 34108**

Mailing Address
**685 LISMORE LANE
NAPLES, FL 34108**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
83-0438893

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, MARIAN
685 LISMORE LANE
NAPLES, FL 34108**

**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 re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, RAYMOND W 685 LISMORE LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, MARIAN 685 LISMORE LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIBERSKI, SUSAN 405 GERMAIN AVENUE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, ANDREW 405 GERMAIN AVENUE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000642267
03/01/07-80036-009 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:

Raymond W. Phillips

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

Date

Daytime Phone #

1/13/07 229 649-1186

RAYMOND W. PHILLIPS