2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Mar 30, 2007 8:00 am Secretary of State

					~	Scerciary of State			
DOCUMENT # L06000020444 1. Entity Name GAOSDALI 18, L.L.C.						03-30-2007 90038 045 ****50.00			
Principal Plac	ce of Business	Mailing Address		-					
8360 WEST FLAGLER STREET, SUITE #200 8360 WEST FLAGLER STI MIAMI, FL 33144 MIAMI, FL 33144			TREET, S	SUITE #200					
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Numb	er			pplied For ot Applicable
Zip	Country	Zip	Country	ry 	<u> </u>	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				N1	7. Nam <u>e and</u>	Address of New F	Registered	Agent	
OLIMKON	VICZ LEON			Name					
OLIWKOWICZ, LEON 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144				Street Address	s (P.O. Box Numb	er is Not Acceptabl	e)		·
			_	City		1	FL	Zip Cod	le
8. The above	named entity submits this statement for	or the nurpose of changing its	registered	d office or registe	tered agent, or bo	th in the State of Flo			and accept
the obligat	tions of registered agent.	and panpage of oneinging to		a omeo or region	.oroz agom, or oc	m, m and diate of the		, <u>12, 11, 12, 14, 11, 1</u>	and doodpt
I SIGNATURE.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent signature requir	red when reinstating)		DATE		
Fi	Signature, typed or printed name of registered agent liling Fee Is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE	: Registered /	Agent signature requir	red when reinstating)		ce check p	eayable to eent of Stat	e
Fi	iling Fee is \$50.00		:: Registered A	Agent signature requir	red when reinstating)		ce check p a Departm	ent of Stat	e .
9.	Illing Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBI		10.	Agent signature requir	red when reinstaling)	Florid	ce check p a Departm	ent of Stat	e Addition
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