


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90294 001 ***100.00

DOCUMENT # L06000095116	
1. Entity Name GEBEBE LLC	

Principal Place of Business 151 CRANDON BLVD. APT. 445 KEY BISCAVNE, FL 33149	Mailing Address 151 CRANDON BLVD. APT. 445 KEY BISCAVNE, FL 33149
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30001604



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2665 S. Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703

01302007 Chg-LLC CR2E083 (12/06)

City & State	City & State Miami, FL
Zip	Country USA
Country	Zip 33133

4. FEI Number 20-5720668	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCO, GRACIELA B 151 CRANDON BLVD. APT. 445 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JULIO 151 CRANDON BLVD. APT. 445 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Graciela B. Bracco **1/30/07** **(305) 858-9900**

SIGNATURE _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE