

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

03-12-2008 90239 046 ***138.75

FILED L07000061878


2008 MAR 12 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000061878

1. Entity Name:
GIGI GARDENS, LLC



Principal Place of Business: **8260 SW 24TH STREET, APT 6206 N. LAUDERDALE FL 33068**

Mailing Address: **C/O ANDREW P DANIELS, CPA 1160 E JERICHO TURNPIKE #201 HUNTINGTON NY 11743**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUFMAN, ROY
8260 SW 24TH STREET, APT 6206
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name: **ROY KAUFMAN**

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: *Roy Kaufman*

Signature, typed or printed name of registered agent (use if applicable) (NOTE: Registered Agent's signature is required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUFMAN, ROY 8260 SW 24TH STREET, APT 6206 N. LAUDERDALE FL 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFMAN, GERTRUDE 8260 SW 24TH STREET, APT 6206 N. LAUDERDALE FL 33068 <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 800145512638 03/12/08--90239--046 ***138.75
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 Section 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 60B, Florida Statutes.

SIGNATURE: *Roy Kaufman* **ROY KAUFMAN** **3/11/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Doc ID: P0008