
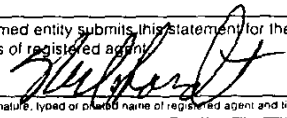
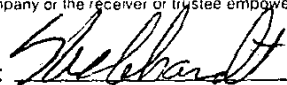


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 019 ***138.75

DOCUMENT # L07000068406			
1. Entity Name GABZACH, L.L.C.			
Principal Place of Business 2718 WINGUARD CIRCLE WESLEY CHAPEL, FL 33543		Mailing Address 2718 WINGUARD CIRCLE WESLEY CHAPEL, FL 33543	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7056 MARINER BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SPRING HILL, FL	
Zip	Country	Zip	Country
		34609	
4. FEI Number 26-0474091		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLIMIS, GEORGE N 27 EAST ORANGE STREET TARPON SPRINGS, FL 34689		Name GEBHARDT, SCOTT M. Street Address (P.O. Box Number is Not Acceptable) 7056 MARINER BLVD. City SPRING HILL FL Zip Code 34609	
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 5/27/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GEBHARDT, SCOTT M 2718 WINGUARD CIRCLE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2264 DOG LEG COURT BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.			
SIGNATURE: 		SCOTT M. GEBHARDT 5/27/08 3525970355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

50006424

