


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90045 022 ****50.00

DOCUMENT # M02000002667	
1. Entity Name GARDELLA ENTERPRISES LLC	

Principal Place of Business 237 N. WILD OLIVE AVENUE DAYTONA BEACH, FL 32118	Mailing Address 237 N. WILD OLIVE AVENUE DAYTONA BEACH, FL 32118
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20058029



2. Principal Place of Business 210 BENJAMIN DRIVE Suite, Apt. #, etc.	3. Mailing Address 210 BENJAMIN DRIVE Suite, Apt. #, etc.
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03112005 Chg-LLC CR2E083 (10/03)

City & State ORMOND BEACH FL	City & State ORMOND BEACH FL	4. FEI Number 82-0549426	Applied For <input type="checkbox"/> Not Applicable
Zip 32176	Country FLORIDA	Zip 32176	Country FLORIDA

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 GARDELLA, JOHN R 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name GARDELLA, JOHN R Street Address (P.O. Box Number is Not Acceptable) 210 BENJAMIN DRIVE City ORMOND BEACH FL Zip Code 32176	
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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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDELLA, JOHN R 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118 <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	MGRM GARDELLA, JESSICA A 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118 <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
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 exemption stated in Section 119.07(3)(i), 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: *John R Gardella* 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #