2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# M04000001805

Entity Name: GEE HOLDINGS, LLC

Current Principal Place of Business:

15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

New Mailing Address:

FEI Number: 20-0970789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALERMO, JAMES D
15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DENICHOLAS, GERALD J
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: KOBEL, EDWARD M
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Change (X) Addition
Name: DEBARTOLO, EDWARD J JR.
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD J DENICHOLAS MGRM 01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date