


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002381 1. Entity Name GAEDEKE GROUP, LLC	
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Principal Place of Business 150 WEST FLAGLER STREET, SUITE 2650 MIAMI, FL 33130	Mailing Address 150 WEST FLAGLER STREET, SUITE 2650 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



07172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-2607832	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGESTER BARKDULL, JAYNE
 1601 FORUM PLACE, SUITE 300
 WEST PALM BEACH, FL 33401

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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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAEDEKE STENER, SABINE 3710 RAWLINS #1000, LB 24 DALLAS, TX 75219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAEDEKE, WERNER EIFFESTRASSE 585 HAMBURG, GERMANY, 20537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FETTER, KIRK 390 N. ORANGE AVE. SUITE 1840 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/01/06-80012-001 55.00

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: SABINE STENER **DATE:** 07.24.06 **DAYTIME PHONE #:** 214.528.8883
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE