

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000002381</b>	
1. Entity Name GAEDEKE GROUP, LLC	

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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03232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  REGISTER BARKDULL, JAYNE 1601 FORUM PLACE, SUITE 300 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, PRESIDENT** 03.26.07 214.528.8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #