


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90231 029 \*\*\*143.75

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

Principal Place of Business <b>150 WEST FLAGLER STREET, SUITE 2650 MIAMI, FL 33130</b>	Mailing Address <b>150 WEST FLAGLER STREET, SUITE 2650 MIAMI, FL 33130</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>3710 RAWLINS STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 1000</b>
City & State	City & State <b>DALLAS, TX</b>
Zip	Country <b>USA</b>
Country	Zip <b>75219</b>

03042008 Chg-LLC CR2E083 (12/06)



4. FEI Number  
**75-2607832**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GAEDEKE STENER, SABINE</b> <b>3710 RAWLINS #1000, LB 24</b> <b>DALLAS, TX 75219</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GAEDEKE, WERNER</b> <b>EIFFESTRASSE 585</b> <b>HAMBURG, GERMANY, 20537</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FETTER, KIRK</b> <b>390 N. ORANGE AVE. SUITE 1840</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FETTER, KIRK</b> <b>515 N FLAGLER DR., SUITE 204</b> <b>WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**  **SABINE STENER, PRESIDENT, 03.04.07 214.528.8893**

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