


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:14

DOCUMENT # M05000005678					
1. Entity Name GIMILI ENTERPRISES, LLC					
Principal Place of Business 5740 CITRUS BLVD. SUITE 102 HARAHAN, LA 70123			Mailing Address 5740 CITRUS BLVD. SUITE 102 HARAHAN, LA 70123		
2. Principal Place of Business 4809 Beau Lac Ln			3. Mailing Address 4809 Beau Lac Ln		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Metairie La			City & State Metairie, La		
Zip 70002		Country USA		4. FEI Number 08252006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NEIMARK, CORT A 800 CORPORATE DRIVE SUITE 420 FT. LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIMILI, INC. 5740 CITRUS BLVD. SUITE 102 HARAHAN, LA 70123		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gimili, Inc 4809 Beau Lac Lane Metairie, La 70002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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 exemptions contained in Chapter 119, F.S. 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 by the managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 119, F.S.					
SIGNATURE: <i>Dina P. Cross</i>				Date: 9-7-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					