

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000011961

1. Entity Name
GF PROPERTIES, LLC



FILED
Mar 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
1153 CACTUS CUT RD.
MIDDLEBURG, FL 32068

Mailing Address
1153 CACTUS CUT RD.
MIDDLEBURG, FL 32068



01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0869087	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional
Fes Required**

6. Name and Address of Current Registered Agent

QUINONEZ, SUZANNE C
2747 BLANDING BLVD.
MIDDLEBURG, FL 32068

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000082285
03/09/04-80023-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULA M.B. GONZALEZ, TRUSTEE 1153 CACTUS CUT RD. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM GONZALEZ, TRUSTEE 1153 CACTUS CUT RD. MIDDLEBURG, FL 32068
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paula Gonzalez* 3/5/04 904 406 0126

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