

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029538

FILED
Jan 15, 2005
Secretary of State

Entity Name: G'S UNION, L.L.C.

Current Principal Place of Business:

530 BELLTOWER AVE APT. B7
DELTONA, FL 32725

New Principal Place of Business:

18 ZINC PLACE
PALM COAST, FL 32164

Current Mailing Address:

530 BELLTOWER AVE APT. B7
DELTONA, FL 32725

New Mailing Address:

18 ZINC PLACE
PALM COAST, FL 32164

FEI Number: 03-0499960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSEV, ANATOLLY G
530 BELLTOWER AVE APT. B7
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

GUSEV, ANATOLLY G
18 ZINC PLACE
PALM COAST, FL 32164 US

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.

SIGNATURE: _____

01/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GUSEV, ANATOLLY
Address: 530 BELLTOWER AVE APT. B7
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: GUSEV, VLADISLAV
Address: 30 K. MARX STREET APT. 103
City-St-Zip: IRKUTSK, PROVINCE, 664003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUSEV, ANATOLLY
Address: 18 ZINC PLACE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUSEV, ANATOLIY

MGRM

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date