

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031266

FILED
Jan 06, 2004
Secretary of State

Entity Name: GANFIELD-BORG PROPERTIES, LLC

Current Principal Place of Business:

1097 FORREST LAKE DR APT 208
NAPLES, FL 34105

New Principal Place of Business:

1097 FORREST LAKE DR
APT 201
NAPLES, FL 34105

Current Mailing Address:

2731 COMSTOCK LANE
PLYMOUTH, MN 55447

New Mailing Address:

FEI Number: 02-0652949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CHARLES M JR
2640 GOLDEN GATE PKWY., STE. 305
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GANFIELD, JEFFREY C
Address: 2731 COMSTOCK LN
City-St-Zip: MINNEAPOLIS, MN 55447

Title: MGRM () Delete
Name: GANFIELD, THOMAS L
Address: 42279 BRADNER RD
City-St-Zip: NORTHVILLE, MI 48167

Title: MGRM () Delete
Name: BORG, NOLA A
Address: 4751 E PINEWOOD CIR
City-St-Zip: CENTENNIAL, CO 80121

ADDITIONS/CHANGES:

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

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

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: JEFFREY GANFIELD

MGR

01/06/2004

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