


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031266 1. Entity Name GANFIELD-BORG PROPERTIES, LLC			
Principal Place of Business 1097 FORREST LAKE DR APT 201 NAPLES FL 34105		Mailing Address 2731 COMSTOCK LANE PLYMOUTH MN 55447	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		1st MOORE CR2E083 (10/04)	
		4. FET Number 02-0652949	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	



6. Name and Address of Current Registered Agent KELLY, CHARLES M JR 2640 GOLDEN GATE PKWY., STE. 305 NAPLES FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	GANFIELD, JEFFREY C <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2731 COMSTOCK LN	STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN 55447	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANFIELD, THOMAS L	NAME	
STREET ADDRESS	42279 BRADNER RD	STREET ADDRESS	U00000295428 04/09/05-80028-014 50.00
CITY - ST - ZIP	NORTHVILLE MI 48167	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORG, NOLA A	NAME	
STREET ADDRESS	4751 E PINWOOD CIR	STREET ADDRESS	
CITY - ST - ZIP	CENTENNIAL CO 80121	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: JEFFREY C. GANFIELD *Jeffrey C. Ganfield* **4/5/05** **(763) 559-3607**

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