


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0652949	
Zip		Country		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 2390 TAMiami TRAIL NORTH SUITE 204 NAPLES FL 34103			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2007		
			U00000616297 02/07/07-80022-014 50.00		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANFIELD, JEFFREY C			NAME	
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	
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 exemptions contained in Section 119, 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 01/28/07 763-549-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #