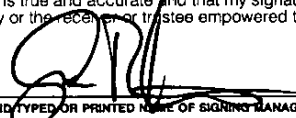


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 022 ****50.00

DOCUMENT # L03000010860 1. Entity Name G F WOODWORKS, LLC					
Principal Place of Business 270 ORANGE TERRACE WINTER PARK, FL 32789 US			Mailing Address 1517 E HILLCREST STREET ORLANDO, FL 32803 US		
2. Principal Place of Business P O BOX 1268		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State Suite, Apt. #, etc.		06282005 Chg-LLC CR2E083 (10/03)	
Zip 32790		Country ORANGE		4. FEI Number 20-0029272	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803			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 _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLIESS, GARY 270 ORANGE TERRACE WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLIESS, GARY P O BOX 1268 WINTER PARK, FL 32790	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: 			7-1-05 407-716-3712		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		