

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jun 07, 2007
Secretary of State**

DOCUMENT# L03000028120

Entity Name: G&J RYAN, LLC

Current Principal Place of Business:

263 NORTH LAKE DRIVE
NAPLES, FL 34102

New Principal Place of Business:

2101 TARPON ROAD
NAPLES, FL 34102

Current Mailing Address:

263 NORTH LAKE DRIVE
NAPLES, FL 34102

New Mailing Address:

2101 TARPON ROAD
NAPLES, FL 34102

FEI Number: 30-0196477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, GEORGE JR.
263 NORTH LAKE DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

RYAN, GEORGE JR.
2101 TARPON ROAD
NAPLES, FL 34102 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: GEORGE RYAN, JR.

06/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RYAN, GEORGE JR.
Address: 263 NORTH LAKE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: RYAN, JEAN M
Address: 263 NORTH LAKE DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RYAN, GEORGE JR.
Address: 2101 TARPON ROAD
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: RYAN, JEAN M
Address: 2101 TARPON ROAD
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE RYAN, JR.

MGR

06/07/2007

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