2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
03-22-2005 90183 002 ****50.00

DOCUMENT # L04000044179

1. Entity Name
GIBRALTAR INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2166-B COUNTY HWY. 30-A SANTA ROSA BEACH, FL 32459	2166-B COUNTY HWY. 30-A SANTA ROSA BEACH, FL 32459

03142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 412147462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL WM MEAD 24 WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548	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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER MIKE MEAD P.O. DRAWER 1329 Ft. WALTON BEACH FL. 32549 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Russ Aldrich - Member 4636 Gulf Starr Dr Destin, FL. 32541 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edward J. O'Brien - Member 2166-B Hwy 30A SRB, FL. 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Edward J. O'Brien III 7/13/05 850-267-9444
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
30006112
L04000044179

ON ORIGINAL FORM, FILL IN
MANAGING MEMBERS/ MANAGERS BLOCKS AS FOLLOWS:

Michael Wm Mead ---------- MANAGER Post Office Drawer 1329 Fort Walton Beach, FL 32549-1329

Russ Aldrich ---------- MEMBER 4636 Gulf Starr Drive Destin, FL 32541

Edward J. O'Brien ----------MEMBER 2166-B Highway 30-A SRB, FL 32459