

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-26-2005 90011 012 ****50.00

DOCUMENT # L04000080549	
1. Entity Name GILMAN INVESTMENTS, LC	

Principal Place of Business 1700 SOUTH OCEAN BOULEVARD PH B/D POMPANO BEACH FL 33062 US	Mailing Address P. O. BOX 11007 FORT LAUDERDALE FL 33339 US
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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 20-1855326	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

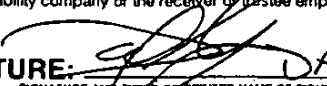
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) 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	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GILMAN, DAVID			NAME			
STREET ADDRESS	1700 S. OCEAN BOULEVARD, PH B/D			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GILMAN, GAIL			NAME			
STREET ADDRESS	1700 S. OCEAN BOULEVARD, PH B/D			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ 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 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:  **DAVID GILMAN** Date: **18 APR 05** Daytime Phone #: **954 941 4300**