

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

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



01212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restateating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

U00000445325
03/07/06-80041-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GILMAN, DAVID
1700 S. OCEAN BOULEVARD, PH B/D
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GILMAN, GAIL
1700 S. OCEAN BOULEVARD, PH B/D
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID Gilman Mgr. Member

17 Feb 06

954 944 300

Date

Daytime Phone