
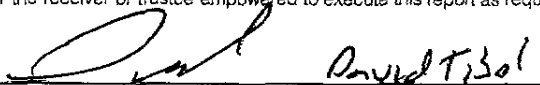


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000090217</b> 1. Entity Name <b>G&amp;D REALTY, LLC</b>						
Principal Place of Business <b>12251 TOWN LAKE DRIVE FT. MYERS FL 33913</b>		Mailing Address <b>12251 TOWN LAKE DRIVE FT. MYERS FL 33913</b>				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Zip	Country	4. FEI Number <b>20-3082429</b> <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applied</td> <td><input type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applied	<input type="checkbox"/>
Applied For	<input type="checkbox"/>					
Not Applied	<input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		1st MOORE CR2E083 (10/05)				
6. Name and Address of Current Registered Agent  <b>TIBOL, GEORGE 12251 TOWN LAKE DRIVE FT. MYERS FL 33913</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____		DATE _____				
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)				
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>						
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES				
TITLE	MGR <input type="checkbox"/> Delete	05/02/06-80112-007-50.00 <input type="checkbox"/> Addition				
NAME	TIBOL, GEORGE					
STREET ADDRESS	12251 TOWN LAKE DRIVE					
CITY - ST - ZIP	FT. MYERS FL 33913					
TITLE	MGR <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TIBOL, DAVID					
STREET ADDRESS	12251 TOWN LAKE DRIVE					
CITY - ST - ZIP	FT. MYERS FL 33913					
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: <b>3-30-06</b> Daytime Phone #: <b>239-768-6800</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #				