


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-08-2006 90087 029 ****50.00

DOCUMENT # L05000022687
 1. Entry Name
GUNNERY, LLC



Principal Place of Business
 875 SW 47TH TERRACE STE 2
 CAPE CORAL, FL 33904

Mailing Address
 875 SW 47TH TERRACE STE 2
 CAPE CORAL, FL 33904

2. Principal Place of Business
 875 SE 47th Terr. Ste. 2
 Suite, Apt. #, etc.

3. Mailing Address
 875 SE
 Suite, Apt. #, etc.

City & State

Zip Country

01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2455611 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
 FLORIDA & OFFSHORE BUSINESS FORMATION, INC
 20 S. BROAD STREET
 BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent
 Name Joanne M. Hannah
 Street Address (P.O. Box Number is Not Acceptable)
875 SE 47th Terr. Ste. 2
 City Cape Coral FL Zip Code 33904

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 Joanne M Hannah Manager Member DATE 2/1/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retaking)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, JOANNE M		NAME		
STREET ADDRESS	875 SW 47TH TERRACE STE 2 SE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hannah Douglas J.		NAME		
STREET ADDRESS	P.O. Box 770277		STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34107		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of the recorder or trustee or authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] MGR DATE 2/1/06 291/597-7900
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30001596

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

GUNNERY, LLC
875 SW 47TH TERRACE STE 2
CAPE CORAL, FL 33904

Subject: GUNNERY, LLC

Reference Number: L05000022687

*Note: The attached
has been updated
Thank you*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION