


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000559 1. Entity Name GMFS, L.L.C.	
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Principal Place of Business 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806	Mailing Address 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
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DO NOT WRITE IN THIS SPACE



01272004No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1441479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fes Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

U000000042415
 02/10/04-80023-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, J. TERRELL JR 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ARMOND, THOMAS W 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, TERRELL SR. 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 606, Florida Statutes.

SIGNATURE: Tom D'Armond 02/03/04 (225) 214-5016
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #